ALASKA BOATING SAFETY PROGRAM
APPLICATION FOR STATE OF ALASKA, BOATING SAFETY INSTRUCTOR REGISTRY

Please complete all items, attach supporting documentation and mail or fax to:
State of Alaska, Office of Boating Safety, 550 W. 7th Ave, Suite 1380, Anchorage, AK 99501
FAX: 907-269-8907

Name (First, MI, Last):__________________________________________________________________________
Mailing Address: _____________________________________________City:_________ State:_____ -Zip:______
Phone: ________________Cellular:______________ Fax:_____________________ E-mail:__________________,

Item I. Minimum age requirement -16 yrs.
☐ Date of Birth:______________________

Item II. NASBLA approved boating safety course. Check the box below and attach documentation.
☐ Copy of a course completion certificate from a boating safety course approved by the National Association of State Boating Law Administrators.

Item III. Instructor training. Check one of the boxes below and attach documentation.
☐ Copy of teaching certificate.
☐ Copy of course completion certificate from any instructor course containing methods of instruction training.

Item IV: Experience teaching boating or marine safety topics. Check all of the boxes below and attach documentation.
☐ Copy of marine or boating instructor certification issued by an organization, or other state or federal agency.
☐ Copy of marine or boating safety course announcement or class roster with the applicant identified as an instructor.
☐ Documentation from an agency or organization attesting to applicant's experience teaching boating or marine safety topics.

Item V. Certification:
1. As a condition for issuing Alaska Water Wise course completion certificates I agree to teach all material prescribed by the current national education standards of the National Association of State Boating Law Administrators.
2. I agree to conduct all courses and administer all examinations in accordance with Alaska Boating Safety Program policies, maintain all examination materials in a secure, confidential manner at all times, and submit completed course rosters to the Alaska Office of Boating Safety immediately following each class.
3. I certify that I am able to pass a criminal background check, and I agree to provide this information at my expense, to the State of Alaska, Office of Boating Safety on request.

______________________________________________________________________________
Signature Date

APPLICATION APPROVAL

____________________________________________ ______________________________
Education Coordinator       Date
Rev. 4/10/08