

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

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**APPLICATION APPROVAL**

\_\_\_\_\_  
Education Coordinator  
Rev. 4/10/08

\_\_\_\_\_  
Date