



Boater Education Card Application

-Do Not Use For Replacement Card-

LEGIBLY COMPLETE ALL REQUIRED FIELDS		
LEGAL LAST NAME	LEGAL FIRST NAME	MI
MAILING ADDRESS LINE 1		
MAILING ADDRESS LINE 2		
CITY	STATE	ZIP CODE
DATE OF BIRTH (MMDDYYYY)	HOME PHONE (INCLUDE AREA CODE)	COUNTRY (IF OUTSIDE UNITED STATES)
E-MAIL ADDRESS (OPTIONAL)		

MARK ONE BOX ONLY FOR EACH SECTION BELOW (REQUIRED)			
GENDER 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Non-binary	EYE COLOR 1 <input type="checkbox"/> Brown 2 <input type="checkbox"/> Blue 3 <input type="checkbox"/> Green 4 <input type="checkbox"/> Hazel 5 <input type="checkbox"/> Gray 6 <input type="checkbox"/> Black	HAIR COLOR 1 <input type="checkbox"/> Brown 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Blonde 4 <input type="checkbox"/> Red 5 <input type="checkbox"/> Gray/White 6 <input type="checkbox"/> N/A (Bald)	COURSE TYPE 1 <input type="checkbox"/> Equivalency Exam 2 <input type="checkbox"/> WA State Home Study 3 <input type="checkbox"/> American Red Cross 4 <input type="checkbox"/> US Power Squadrons 5 <input type="checkbox"/> USCG Auxiliary 6 <input type="checkbox"/> Adventures in Boating 7 <input type="checkbox"/> Internet Course 8 <input type="checkbox"/> Community College 9 <input type="checkbox"/> Other 10 <input type="checkbox"/> WA State Parks Course

COMMUNICATION (OPTIONAL)	
In order for us to better communicate with you, we would like to know what the main language spoken in your home is if other than English. Please mark only one language from the list below.	
01 <input type="checkbox"/> Spanish	04 <input type="checkbox"/> Lao
02 <input type="checkbox"/> Korean	05 <input type="checkbox"/> Russian
03 <input type="checkbox"/> Punjab	06 <input type="checkbox"/> Tagalog
07 <input type="checkbox"/> Cambodian	08 <input type="checkbox"/> Ukrainian
09 <input type="checkbox"/> Somali	10 <input type="checkbox"/> Samoan
11 <input type="checkbox"/> Vietnamese	12 <input type="checkbox"/> Chinese
13 <input type="checkbox"/> Japanese	14 <input type="checkbox"/> Other Specify _____

THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

- 1) Completed **APPLICATION**. Must be at least 12 years of age to apply.
- 2) **CHECK** or **MONEY ORDER** for **\$10**.
- 3) A **LEGIBLE COPY** of either your **Proof of Course Completion** OR **Equivalency Exam Certificate**. DOCUMENTS WILL NOT BE RETURNED. DO NOT SEND ORIGINAL DOCUMENTS.
- 4) Mail to: WA. STATE PARKS & RECREATION COMMISSION
BOATING PROGRAMS
PO BOX 34333
SEATTLE, WA 98124-1333

Make payable to
Washington State Parks
(US \$ only)

DO NOT USE STAPLES OR PAPERCLIPS

I declare under penalty of law that the statements made herein by me are true and correct and that all documents submitted herewith are true and correct copies of documents issued to me.

LEGAL SIGNATURE OF APPLICANT	\$ AMOUNT ENCLOSED
------------------------------	-----------------------

For questions, contact us at (360) 902-8555 or boating@parks.wa.gov. For additional information, visit our website at www.parks.wa.gov.