



# Boater Education Card Replacement Affidavit

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

**AFFIDAVIT OF LOST OR DESTROYED BOATER EDUCATION CARD**

I request a replacement Washington State Boater Education Card. The reason for my request is:

Card was destroyed       Card was lost       Card was stolen  
 Correction/update of information       Legal name has changed

If legal name has changed, enter previous name: \_\_\_\_\_

***I declare under penalty of perjury that the statements made herein by me are true and correct.***

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Legal Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

**CHECK or MONEY ORDER for \$5, MUST ACCOMPANY THIS AFFIDAVIT.  
MAKE PAYABLE TO WASHINGTON STATE PARKS (US \$ only)**

Mail to: WASHINGTON STATE PARKS & RECREATION COMMISSION  
BOATING PROGRAMS  
PO BOX 34333  
SEATTLE, WA 98124-1333