

Application for an Assistant Boatman's Licence

Salcombe Harbour Office, Whitestrand, Salcombe, Devon, TQ8 8BU

Direct telephone: 01548 843791 Direct fax: 01548 842033

E-Mail: salcombe.harbour@southhams.gov.uk

NOTES TO HELP YOU

1 Applicant

a. Surname

First Names

Please tick box or state titles such as Dr, Rev.

b. Mr Mrs Miss Ms

Other Title

Your full permanent address

c. Address

Post Town Post Code

Telephone No:

Must be over 16 years of age at time of examination

d. Please enter your date of birth

e. Have you ever held a Boatman's or Assistant Boatman's Licence? Yes No

(Please Circle)

Name the Authority and give details

If yes, please give details

f. Have you ever been refused a Boatman's or Assistant Boatman's Licence? Yes No

(Please Circle)

Name the Authority and give details

If yes, please give details

2 Type of Use

Please state name of employer / owner of the Licensed Boat in which you wish to be an assistant

If for a company, state name

OFFICIAL USE ONLY

Date Received

Receipt Number

Licence Number

Date Issued

Please continue overleaf

