



# APPLICATION FOR COMMERCIAL INSTRUCTOR / OPERATOR PERMIT

Division of Boating and Ocean Recreation  
Department of Land and Natural Resources, State of Hawai'i

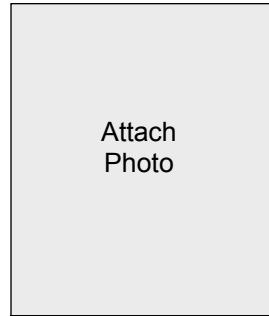


## PERMIT INFORMATION

Application type (✓ one):  New  Renewal

Instructor Type:  Surfboard Instructor  Canoe Captain  Thrill Craft Instructor  
 Sailboard Instructor  Canoe 2nd Captain  Kayak Instructor  
 Dive Instructor  Canoe Learner Steersmam

Operator Type:  Sail Operator (indicate hull type):  Mono-hull  Multi-hull  
 Motorboat Operator:  Parasail  Shuttle  Excursion  Dive  
 Other: \_\_\_\_\_



Indicate the Ocean Recreation Management Area  
of the ocean waters in the State of Hawaii: \_\_\_\_\_

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_

Suffix: \_\_\_\_\_ Nickname / Alias: \_\_\_\_\_

Height: \_\_\_\_\_ Weight (pounds): \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Identifying Marks / Scars (if any): \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:  Phone:

Mailing Address (if different than residence address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:  Phone:

Affiliation Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:  Phone:

## CURRENT CERTIFICATION / LICENSURE & PRIOR EXPERIENCE

Do you have a valid Red Cross Lifeguard Training Certificate?  Yes  No.

If Yes, indicate the expiration date:

Do you have a valid U.S. Coast Guard license to operate the listed watercraft carrying passengers for hire?  Yes  No.

If Yes, indicate the expiration date:  Has your license ever been revoked / suspended?  Yes  No.

If Yes (your license previously has been revoked / suspended), indicate the reason: \_\_\_\_\_

I have \_\_\_\_\_ years experience in operating the above listed watercraft.

Has the Department previously issued you an operator permit?  Yes  No. If Yes, indicate the type: \_\_\_\_\_

Date of Issuance:

Has your permit ever been revoked / suspended?  Yes  No. If Yes, indicate the reason: \_\_\_\_\_

Date of Revokation / Suspension:

## AGREEMENT & SIGNATURE

I agree to comply with the provisions of the Hawaii  
Administrative Rules as promulgated by the Division of  
Boating and Ocean Recreation applicable to this permit.

\_\_\_\_\_  
Signature of Applicant

Date