

APPLICATION FOR BOATING EDUCATION CARD



Boat.Oregon.gov | (503) 378-8587

First Name (Legal Name)

MI

Last Name

Suffix

Email

Mailing Address (leave a space between words)

City

State

ZIP Code

Phone Number

Date of Birth (mm/dd/yyyy)

Hair Color

- Brown
- Black
- Blonde
- Red
- Gray/White
- N/A (Bald)
- Auburn

Eye Color

- Brown
- Blue
- Green
- Hazel
- Black

Course Type

- Boat-Ed.com
- BoaterExam.com
- BoatUS.org
- Other:
- OSMB Classroom Course
- OSMB Equivalency Exam US
- Power Squadron
- US Coast Guard Auxiliary

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

Gender

- M
- F
- X

Legal Signature of Applicant

Signature Date

Be sure your application packet includes:



This completed application



Check or money order for \$20



Copy of course completion

Mail your application packet to: OSMB Boater Education, PO Box 14145, Salem OR 97309

If you do not receive your new card in the mail within 30 days, please contact the Marine Board.