Application for Oregon Boater Education Card

Oregon State Marine Board PO Box 14760 Salem, OR 97309 (503) 378-5163



Mark box like this	ark oval like this		•	PRINT CHARACTERS IN CAPITAL LETTERS		
Not like this	AB N	ot like this	⊗ Ø	€	USING A BLACK OR BLUE,	
Last Name						
First Name					MI	
Mailing Address		(Leav	e a spad	ce betv	veen words)	
City					State Zip	Code
Home Phone No	umber			Date	of Birth (Write over pre-printed lett	ers)
-	-			М	M D D Y Y Y Y	
Mark ONLY one of	oval for each	section be	elow			
Hair Color	Eye Color	<u>Ger</u>	<u>ider</u>		ourse Type	
(Choose Only One)	(Choose Only	One) One	1ale		hoose Only One)	
OBrown	Brown	() F	emale	S	tate Marine Board:	Internet Course:
O Black	Blue				Classroom Course	Boat Oregon
Blonde	Green				Equivalency Exam	O Boater Exam
O Red	Hazel			(US Power Squadron	Boat US Foundation
Grey/White				(US Coast Guard Auxiliary	PWC Safety School
N/A (bald)				(Other If "other", please fill in name of course below	
The following items must accompany this form:						
Check or money or	der for \$10 an	d a			If you do NOT receive your I	now card in the
copy of one of thes				m	ail within 60 days please co	

mail within 60 days please contact the Oregon State Marine Board.

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

Legal Signature of Applicant

Signature Date



Original documents will NOT be returned.

Enclose copy of diploma or course completion document only.

Proof of Course Completion

or

Equivalency Exam Certificate