



## MONMOUTHSHIRE COUNTY COUNCIL

### APPLICATION FOR A LICENCE TO BE IN CHARGE OF OR NAVIGATE PLEASURE BOATS

#### Public Health Acts Amendment Act 1907

1 Name (BLOCK CAPITALS) .....

2 Age .....

3 Address .....

4 Relevant qualifications and experience

5 Please give details equivalent to those provided in paragraphs 1-4 above in respect of any person who will be in charge of or navigating any pleasure boat which will be operated by you.

6 Within the period of five years preceding the date of your application have you, or to the best of your knowledge, any person named in 5 above.

(a) had a licence to be in charge of or navigate a pleasure boat suspended? YES  NO

(b) been convicted of any offence in respect of being in charge of or navigating a pleasure boat? YES  NO

If your answer to either question is "YES", please give details on the reverse of this form.

**Details of Requested Licence:-**

Delete applicable classes
MANAGE, CONTROL AND CARRY OUT RUNNING REPAIRS TO A LICENSED MOTOR BOAT Class A (**)
MANAGE, CONTROL AND CARRY OUT RUNNING REPAIRS TO A LICENSED MOTOR BOAT Class B
MANAGE, CONTROL AND CARRY OUT RUNNING REPAIRS TO A LICENSED OUTBOARD MOTOR DINGHY
SAIL AND CONDUCT A LICENSED SAILING BOAT

If granted, the requested permitted area of operation is:

within

This licence if granted will be subject to the statutory provisions, bylaws, rules, orders and regulations for the time being in force and subject to the terms and conditions stipulated on the licence.

Signature ..... Date .....

- 1. TWO PASSPORT TYPE/SIZE COLOUR photograph must accompany this application for use in the identity card.**
- 2. The application will be subject to an Enhanced Criminal Record Bureau Check.**

**Renewal Purposes Only:-**

STATEMENT BY APPLICANT WHO HAS HELD A BOATMAN'S LICENCE DURING THE PREVIOUS YEAR TO THAT IN RESPECT OF WHICH APPLICATION IS MADE.

To be completed by the applicant IF APPLICABLE - \*see footnote

I HEREBY DECLARE that since I was last issued with a Boatman's Licence, I have not suffered any disability and am not suffering from any disabling disease which would render me incapable of sailing and conducting a licensed sailing boat and/or controlling and carry out running repairs to a licensed motor boat, and I know of no altered circumstances which would render me unfit to held a Licence for the ensuing year - \*\*\*see footnote

Signature ..... Date .....

**REPORT OF HARBOUR MASTER**

**(To be completed by the Harbour Master Only)**

To be completed by the Harbour Master
I, the undersigned, hereby certify that I have examined the applicant for a completed Waterman's Licence and that I am satisfied that he is qualified to act as a Waterman of the class named below and recommend him accordingly.

Full name and address of Applicant

Name and address of Employer (Boat Owner)

Licence applied for - <i>*delete as appropriate</i>
*to manage, control and carry out running repairs to a licensed Motor Boat - *Class A, *Class B
* to manage, control and carry out running repairs to a licensed Outboard Motor Dinghy
* to sail and conduct a licensed Sailing Boat

I agree to the permitted area of operation as follows:-

Date	
Signature	

**Notes:-**

***In the case of an applicant who has held a Waterman's Licence during the previous year and to whom the terms of the statement apply, it is unnecessary to be re-examined by the Harbour Master and the statement should be completed by the Applicant.
** Boatmen conducting or accompanying motor boats operating outside the prescribed area should obtain a qualification approved by the Maritime and Coastguard Agency under the relevant Code of Practice.
<b>An appropriate fee is payable for each Boatman's Licence applied for and must accompany this application (please refer to separate fee list)</b>

<b>THIS FORM TO BE RETURNED TO</b>	<p>Licensing Section          Monmouthshire County Council          The Drama Centre          Pen-y-Pound          Abergavenny NP7 5UD</p>
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<b>FOR OFFICE USE</b>	
Fee Paid	
Receipt Number	
Number of Licence Issued	
Licence Issued	
Duration of Licence	

**PLEASE NOTE:** Monmouthshire County Council is under a duty to protect public funds it administers and to this end may use the information you have provided on this form within Monmouthshire County Council for the prevention and declaration of fraud. It may also share this information with other bodies administering or in receipt of public funds solely for these purpose.