

APPLICATION FOR BOATING EDUCATION CARD

Boat.Oregon.gov | (503) 378-5158



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
☐ Recademics.com
☐ Other:
☐ OSMB Classroom Course
☐ OSMB Equivalency Exam
☐ US Power Squadron
☐ US Coast Guard Auxiliary

Gender

- ☐ M
☐ F
☐ X

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.

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 Boating 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.