## **APPLICATION FOR**

## **BOATING EDUCATION CARD**



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

irst	Name (Legal Nan	ne)			MI	
_ast	Name				Suffix	
Ema	ı					
Mail	ing Address (leav	e a space between word	5)			
City				State	ZIP Code	
Phor	ne Number				Date of Birth (mm/dd/yyyy)	
uai.	Color	Eye Color	Course Type			
	Brown Brown			Boat-Ed.com OSMB Classroom Course		
	) Black			BoaterExam.com OSMB Equivalency Exam US		
	Blonde	Green	BoatUS.org		Power Squadron	
	Red	Hazel	Other:	( ) US	Coast Guard Auxiliary	
	Gray/White	Black				
	N/A (Bald)					
	Auburn	I declare under penalty of perjury that the statements made herein by me are true and				
Gen	der	correct and that all documents issued to	documents submitted her	re within are t	true and correct copies of	
	M	documents issued to	ille.			
	F					
	Χ	Legal Signature of Applicant		Signature Date		



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