

**COLCHESTER BOROUGH COUNCIL**

Rowan House, 33 Sheepen Road, Colchester, CO3 3WG

**Application for a Boatman’s Licence**

**Under Section 94 of the Public Health Acts Amendment Act 1907**

I apply for a licence as the person in charge of a pleasure boat for paying passengers on the Colne Estuary. I declare the following particulars to be correct, and that I have read and understood the conditions issued with this application

Are you applying for a new or to renew a current licence ?

New [ ] Please complete sections 1, 3, 4, 5 and 6

Renewal [ ] Please complete sections 1, 2, 3, 4, 5 and 6

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| 1. **Your personal details** | |
| Name of Applicant: |  |
| Address:  Postcode: |  |
| Date of Birth: | (DD/MM/YYYY) |
| Telephone Number: |  |
| Email Address: |  |

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| 1. **Existing Boatman Licence Details** (renewal applications only) | | |
| Existing Licence No: |  | |
| Date Licence Issued: |  | |
| Medical Certificate: | Issued By: | Dated: |

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| 1. **Boatman Licence Issued by another Authority** | |
| Licensing Authority: |  |
| Address: |  |
| Telephone No: |  |
| Licence No: |  |
| Date Licence Issued: |  |
| Date Licence Expires: |  |

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| 1. **Your Licensing Qualifications** | | |
| I Have: Please tick Checkmark yes | | |
| MCA Boatmaster Licence (Grade 2) | Date Issued: |  |
| RYA Coastal or Day Skipper | Date Issued: |  |
| RYA Powerboat Level 2 Certificate | Date Issued: |  |
| Others | Date Issued: |  |

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| 1. **Checklist** | |
| I Have: Please tick Checkmark yes | |
| Enclosed a Birth Certificate or valid Passport (new applications only) |  |
| Enclosed a relevant qualification certificate (new applications only) |  |
| Medical Fitness Certificate |  |

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| 1. **Declaration** |
| I hereby apply for the licence and confirm the details as shown above are correct. I also confirm that any licence issued to me by the DoT / RYA are still valid and has not been suspended or revoked at any time. |
| Signature: |
| Print Name: |
| Date |

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Licence Approved / Refused: |  |
| Approved by: |  |
| Date: |  |
| Fee Paid: |  |
| Receipt No: |  |