

APPLICATION TO BE ABOARD THE

VESSEL: _____

OFFICIAL NUMBER: _____

NAME (FULL): _____

ADDRESS : _____

CITY, STATE: _____, _____, **ZIP:** _____

TELEPHONE :HME _____ **BUS :** _____

E-MAIL : _____

DRIVERS LIC: _____ **STATE:** _____

PASSPORT # : _____ **CNTRY:** _____ **EXP DATE :** _____

MEDICAL ISSUES: _____

(HISTORY) _____

Mental Health _____

OVER ALL HEALTH: _____

MEDICATIONS : _____

CONDITIONS : _____

ALCHL CONSUMP: _____

IN CASE OF EMERGENCY:

NAME : _____

ADDRESS: _____

CITY, STE: _____ **CNTRY:** _____ **ZIP** _____

TELEPHONE: _____

E-MAIL : _____

I, _____ CERTIFY THAT I AM OF GOOD CHARACTER, THAT I WILL NOT BRING, CARRY OR USE ANY (NON-PRESCRIPTION) DRUGS OR OTHER ILLEGAL CONTRABAND or WEAPONRY ABOARD THE VESSEL “ _____ ” I UNDERSTAND THAT THIS IS A DRUG FREE VESSEL. IF I VIOLATE THIS AGREEMENT I WILL WILLINGLY LEAVE THE VESSEL WITHOUT RECOURSE TO THE OWNER, CAPTAIN OR VESSEL.

I AM IN FULL AGREEMENT: _____ **DATE:** _____