

**Council of the Isles of Scilly**

**Application for a New And Tests Boatman’s Licence**

**All applicants must be a minimum age of 16yrs applicants under the age of 17 will be restricted to a vessel with a skipper holding a Class AA Boatman’s Licence until reaching the age of 17. The skipper of the vessel is required to ensure that insurance cover includes employing persons less than 17 yrs.**

All sections must be completed:

# Section A:

1. Surname………………………………………………………………………………………………….

2. Full Forename’s………………………………………………………………………………………

……………………………………………………………………………………………………………………

3. Permanent full postal address………………………………………………………………….

…………………………………………………………………………………………………………………….

4. Telephone numbers Mobile:………………………………Home………………………..

5. E-mail ……………………………………………………….

6. D.O.B …………………………………………………………

7. Medical Matters:

Do you suffer from any of the following?

Attacks of giddiness or fainting yes/no

Epilepsy yes/no

Muscular Disease yes/no

False Limbs yes/no

Any form of mental disorder or defect yes/no

Any form of illness or defect not mentioned above yes/no

(NOTE: All applicants must provide a copy current relevant medical certificate date range (i.e., issue & expiry date) (ENG1 for skippers or ML5 for crews) and passport sized photo at the time of application. These certificates can be issued by any medical practitioner and can be taken here in Scilly. They will be valid for 5 years for those up to the age of 65)

# Section B:

1. Experience

|  |  |  |
| --- | --- | --- |
| A | Motorboats |  |
| B | Sailing Boats |  |
| C | Rowing Boats |  |

1. The Name(s) of the boats in which you will operate:
2. Employers name:

Section C Type of application

|  |  |  |
| --- | --- | --- |
| EE | £80 |  |
| DD | £153 |  |
| DD+ | £90 (Extra) |  |
| CC | £200 |  |
| BB | £229 |  |
| AA | £229 |  |
| MC | £158 |  |
| Divers Area | £245 |  |
| Safety B | £157 |  |

(There is a reduction of 20% when 2 or more tests are combined)

I enclose a cheque/have paid by credit/debit card the appropriate fee

Total enclosed: ……………………………….

I hereby make an application for the test or tests as marked above and certify that the particulars in sections A&B are correct.

I enclose the appropriate fee for the test/tests applied for. I understand that the fee is not returnable if the test is failed.

Tests must be taken within the financial year of application or will incur an administration fee of £13 prior to the return of the application fee.

Applications cannot be transferred to future years.

I agree to the terms as set out in this form.

Signature…………………………..Date…………………………

**PLEASE RETURN THIS FORM AND BOATMAN’S LICENCE, TO THE LICENSING DEPARTMENT, WESLEYAN CHAPEL, ST. MARY’S, ISLES OF SCILLY TR21 0JD. APPROPRIATE FEE(S) CAN BE MADE AT THE LIBRARY, CARN GWARVAL OR BY** **TEL:-** **03001234105 (CHEQUES SHOULD BE MADE PAYABLE TO “COUNCIL OF THE ISLES OF SCILLY”).**

For information on taking tests or upgrades

Boats used in tests must be appropriate and comply with The Code of Practice for the Safety of Small Vessels in Commercial Use for Sport or Pleasure Operating from a Nominated Departure Point (the Red Code) including;

* + Compass: A vessel must be provided with an efficient magnetic compass, which is suitably adjusted or fitted with a deviation card
	+ Small Equipment: A vessel must carry a water-resistant torch, a suitable boat hook (except in a very small vessel where it may be impracticable so to do) and a heaving line of at least 10 metres in length
	+ Fire Fighting (Min): In a vessel of length less than 6 metres which is not fitted, or is only partially fitted, with a watertight weather deck and with no cooking appliances, a single extinguisher capable of discharging into the engine space is to be fitted

All tests may be subject to change or postponement due to weather and sea states.

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| --- | --- | --- | --- | --- | --- |
| **Office use only** | Date | Receipt | Amount Paid | Med Cert | Date of Issue |