



# NYS Public Vessel License Application

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1. **Company or Self** \_\_\_\_\_

2. **Full name (Last, First, MI)** \_\_\_\_\_

3. **Physical Address** \_\_\_\_\_

4. **Address 2** \_\_\_\_\_

5. **City, State, ZIP** \_\_\_\_\_

6. **Date of Birth** (mm/dd/yyyy) \_\_\_\_\_

7. **Email Address** \_\_\_\_\_

8. **Phone Number** \_\_\_\_\_

**9. License you are applying for:**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Joint Pilot & Engineer | <input type="checkbox"/> Master                      | <input type="checkbox"/> Apprentice Engineer (Motor) | <input type="checkbox"/> Engineer (Motor) |
| <input type="checkbox"/> Apprentice Master      | <input type="checkbox"/> Apprentice Engineer (Steam) | <input type="checkbox"/> Engineer (Steam)            | <input type="checkbox"/> Engineer (Dual)  |

10. **Are you required to wear eyeglasses or contacts when operating a motor vehicle?**  Yes  No

11. **Do you have any physical limitations? If Yes, explain on reverse.**  Yes  No

## EXPERIENCE

**12. What types of vessels have you operated?** (Check all that apply)

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Motorboats less than 26 feet | <input type="checkbox"/> Motorboats greater than 26 feet | <input type="checkbox"/> Sailboat |
| <input type="checkbox"/> Personal Watercraft (PWC)    | <input type="checkbox"/> Manual Powered Craft            |                                   |

**13. Approximately how many days have you operated these vessels?**

- None  1 to 14 days  15 to 29 days  30 to 44 days  44 to 60 days  Over 60 days

**14. For which activities have you used a boat?**

- |                                   |                                       |                                       |                                 |                                  |
|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Cruising | <input type="checkbox"/> Fishing      | <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Tubing | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Racing   | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Hunting      |                                 |                                  |

## BACKGROUND

Please answer the below questions. A yes answer does not necessarily preclude you from licensing with this agency. You must disclose all misdemeanor and felony convictions including DWI and DWAI. You should answer NO if you have had a conviction sealed by a court, the offense resulted in a youthful offender adjudication, or it was Adjourned in Contemplation of Dismissal (ACOD), and the adjournment period has ended.

Have you ever been convicted of a criminal offense (Felony or Misdemeanor)?  Yes  No

Are you currently on parole or probation?  Yes  No

Do you have an arrest or a criminal accusation pending against you?  Yes  No

Are you currently on deferred adjudication?  Yes  No

Have you ever had a driving, Public Vessel, or USCG license suspended or revoked?  Yes  No

If you answered Yes to any question above, list ALL criminal offenses or which you were convicted with date(s) of convictions in the space below.

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### ***FOR INSPECTORS USE ONLY***

DRIVER LICENSE/PASSPORT

BOATING EDUCATION

LICENSE GRANTED Date: \_\_\_\_\_

**WAIVER GRANTED?** (Give details in remarks)

Written test  Practical exam

#### **LICENSE DENIED**

Lack of experience  Failed test twice

**REMARKS:** \_\_\_\_\_

**INSPECTOR INITIALS** \_\_\_\_\_

## APPLICANT'S SIGNATURE

I certify that the information on this application is true and correct to the best of my knowledge and consent to the agency's verification of this information to include obtaining a criminal history information record upon original issuance and any subsequent renewals. Failure to provide the requested information is grounds for license denial.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## EXAM ANSWER SHEET

Mark all your answers with an **X**

Exam ID \_\_\_\_\_

Score \_\_\_\_\_

Proctor \_\_\_\_\_

- |             |             |
|-------------|-------------|
| 1. a b c d  | 26. a b c d |
| 2. a b c d  | 27. a b c d |
| 3. a b c d  | 28. a b c d |
| 4. a b c d  | 29. a b c d |
| 5. a b c d  | 30. a b c d |
| 6. a b c d  | 31. a b c d |
| 7. a b c d  | 32. a b c d |
| 8. a b c d  | 33. a b c d |
| 9. a b c d  | 34. a b c d |
| 10. a b c d | 35. a b c d |
| 11. a b c d | 36. a b c d |
| 12. a b c d | 37. a b c d |
| 13. a b c d | 38. a b c d |
| 14. a b c d | 39. a b c d |
| 15. a b c d | 40. a b c d |
| 16. a b c d | 41. a b c d |
| 17. a b c d | 42. a b c d |
| 18. a b c d | 43. a b c d |
| 19. a b c d | 44. a b c d |
| 20. a b c d | 45. a b c d |
| 21. a b c d | 46. a b c d |
| 22. a b c d | 47. a b c d |
| 23. a b c d | 48. a b c d |
| 24. a b c d | 49. a b c d |
| 25. a b c d | 50. a b c d |