

Application for Instructor Certificate Renewal

Name: _____

Instructor Number: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

Email: _____

As an instructor I am a:

- Volunteer Instructor
- Individual Commercial Instructor
- Affiliated Instructor of a Commercial Organization

Organization: _____

By signing below I am requesting that the Office of Parks, Recreation and Historic Preservation renew my New York State Boater Safety Instructor Certification. I recognize that the requirements set forth in 9 NYCRR Part 451.10 must be met prior to my certification being renewed. I affirm that I have disclosed any convictions or pending charges related to any violation of the law, except a minor traffic infraction, to the agency. I affirm under penalty of perjury that all statements made on this application are true. I understand that all statements made by me in connection with this application are subject to investigation and verification which may include checking any and all public records to verify the accuracy of information provided. An omission, material misstatement or fraudulent representation may disqualify me from instructor certification renewal and/or lead to revocation of my instructor certification.

Signature: _____ Date: _____



Please Return This Form to:
New York State Parks
Marine Services Bureau
Albany NY, 12238

