



Commercial Organization Application

Organization Name: _____

Organization Number: _____

Mailing Address: _____

Website: _____

Phone: _____

Fax: _____

Physical Address: Same as Mailing Address



Please Return This Application to:

New York State Parks
Marine Services Bureau
Albany NY, 12238

Commercial Organization Owner:

Name of Owner: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

Email: _____

Commercial Organization Manager:

Same as Owner

Name of Manager: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Fax: _____

Email: _____

All information provided must be current. Failure to provide accurate and timely information may cause delays in processing. It is the commercial organization's responsibility to keep information current with the Bureau of Marine Services. If the organization changes ownership, managers, or dissolves, the bureau shall be notified within **10 days**.

Attestation of Good Character and Ability to Comply

9 NYCRR Part 451.11

(5) Statements attesting to the owners and manager's good characters, reputations, fitness, and ability to comply satisfactorily with this Part. The application must be certified and signed by the owner and manager and their signatures must be notarized. Excluding requested information or making a partial or false entry on any part of the application is a violation of this section and will result in a denial of the application.

As owner of this boating safety organization I am of good character and of fitness and ability to comply with all parts of the New York Safe Boating Program as set for in 9 NYCRR Part 451. Excluding information or make false or partial information on any part of the application is a violation of the section and will result in a denial of application.

Signature: _____ Date: _____

As manager of this boating safety organization I am of good character and of fitness and ability to comply with all parts of the New York Safe Boating Program as set for in NYCRR§ 451 and the instructors guide. Excluding information or make false or partial information on any part of the application is a violation of the section and will result in a denial of application.

Signature: _____ Date: _____

ACKNOWLEDGEMENT

STATE OF NEW YORK)
) ss.:
COUNTY OF)

On the ____ day of _____, in the year 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

Commercial Organization Roster of Instructors

Name: _____	Instructor Number: _____

This form must be updated within 10 days by the organization if an instructor joins or leaves the organization. If an instructor joins they must also fill out the Commercial Instructor Affiliation Form

By signing below the Manager of the commercial organization agrees that the above listed instructors are affiliated with this boating safety commercial organization. The organization hereby acknowledges responsibility for record keeping, and to supply materials to the instructors. The Manager acknowledges that the organization is responsible for auditing the affiliated instructors and providing New York State Office of Parks, Recreation & Historic Preservation with copies of these audits upon request. The manager also agrees to enforce all policy and procedure as described in the instructors guide as well as in NYCRR§ 451.

Name of Organization: _____	Organization Number: _____
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Signature: _____	Date: _____
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Commercial Instructor Affiliation Form

This form is to be completed by each instructor affiliated with a commercial organization with the organization's application. It is also required to be filled out by any instructors joining a commercial organization. Failure to complete this form may delay the certification of a commercial organization.

Name: _____

Instructor Number: _____

Name of Commercial Organization: _____

Organization Number: _____

As an instructor in the New York Safe Boating Program and affiliated with the above commercial organization, I understand that while I am a certified Instructor for New York State Office of Parks, Recreation & Historic Preservation I will register my boating safety course and receive all teaching materials from the commercial organization. I also understand that any agreement that I may enter into with the above mentioned organization is between me and the organization and that New York State Parks does not regulate the commercial organizations' business practices outside of the scope of the New York Safe Boating Program. By signing below I agree to follow the regulations in 9 NYCRR Part 451 and all policies and procedures in the New York Safe Boating Instructors Guide provided to me by New York State Office of Parks, Recreation & Historic Preservation.

Signature: _____

Date: _____



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New York State Parks
Marine Services Bureau
Albany NY, 12238

