

# Warrant Card Application Form (Wallet sized ID card)

We would like to encourage you to increase your boating knowledge by participating in further Boating Education courses.

Our programme includes core safety and navigation courses as well as specialty courses.

For further information on syllabi and dates phone 0800 40 80 90 or visit [www.boatingeducation.org.nz](http://www.boatingeducation.org.nz)

PLACE PHOTO  
HERE FOR  
ID CARD

Candidate Details: Please print clearly

Mr / Mrs / Miss / Ms	DOB	_____ / _____ / _____
First Name _____	Surname	_____
Address _____	Suburb	_____
City _____	Postcode	_____
Home Ph _____	Mobile	_____
Email _____		

## Warrant Card (Wallet size ID card) \$25

If ordering 'wallet sized ID card', this form must be returned with a **passport photo** attached.

The highest qualification will be displayed on the front of the card, all others listed on the back.

<input type="checkbox"/> NZ DAY SKIPPER	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ BOATMASTER	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ COASTAL SKIPPER	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ OCEAN YACHTMASTER	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ MARITIME VHF OPERATOR CERTIFICATE	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ GPS OPERATOR	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ MRROC	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ MSRROC	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ GPS OPERATOR	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ INBOARD ENGINE MAINTENANCE	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ OUTBOARD ENGINE MAINTENANCE	Certificate no. _____	Date issued: _____
<input type="checkbox"/> NZ RADAR	Certificate no. _____	Date issued: _____

**Laminate Original Certificate \$5.00 each (if ordering a laminated certificate, the original certificate must be returned with this order)**

Please find enclosed payment for above.      Visa / Mastercard

Card no. \_\_\_\_\_      CSV \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Cardholders Name: \_\_\_\_\_

Amount: \$ \_\_\_\_ . \_\_\_\_      Cardholders signature \_\_\_\_\_