APPLICATION FOR
COMMERCIAL INSTRUCTOR/OPERATOR PERMIT
Division of Boating and Ocean Recreation
Department of Land & Natural Resources, State of Hawai’i

PERMIT INFORMATION

Application Type (check one): ☐ New  ☐ Renewal
Instructor Type: ☐ Surfboard Instructor  ☐ Canoe Captain  ☐ Thrill Craft Instructor
☐ Sailboard Instructor  ☐ Canoe 2nd Captain  ☐ Kayak Instructor
☐ Surfboard Instructor  ☐ Canoe Learner Steersman  ☐ Dive Instructor
Operator Type: ☐ Sail Operator (indicate hull type): ☐ Mono-hull  ☐ Multi-hull
☐ Motorboat Operator: ☐ Parasail  ☐ Shuttle  ☐ Excursion  ☐ Dive
☐ Other: ________________________________________  Attach Photo

Indicate the Ocean Recreation Management Area of the ocean waters in the State of Hawaii: ________________________________________

APPLICANT INFORMATION

Last Name: ___________________________ First Name: ___________________________ Middle Initial(s): _______
Suffix: ___________________ Nickname/Alias: ________________________________________________
Height: _______________ Weight (pounds): _______________ Hair Color: _______________ Eye Color: _______________
Identifying Marks/Scars (if any): __________________________________________
Residence Address: _________________________________________________________________
City: ___________________________ State: _____ Zip: ______ Phone: ______
Mailing Address (if different than residence address): _____________________________________
City: ___________________________ State: _____ Zip: ______ Phone: ______
Affiliation/Employer: ________________________________________________________________
Address: ____________________________________________________________
City: ___________________________ State: _____ Zip: ______ Phone: ______

CURRENT CERTIFICATION/LICENSURE & PRIOR EXPERIENCE

Do you have a valid Red Cross Lifeguard Training Certificate? ☐ Yes  ☐ No. If Yes, indicate the expiration date: ______/_____/______
Do you have a valid U.S. Coast Guard license to operate the listed watercraft carrying passangers fore hire? ☐ Yes  ☐ No.
If Yes, indicate the expiration date: ______/_____/______ Has your license ever been revoked/suspended? ☐ Yes  ☐ No.
If Yes (your license previously has been revoked/suspended), indicate the reason: ________________________________
I have ______ years experience in operating the above listed watercraft.
Has the Department previously issued you an operator permit? ☐ Yes  ☐ No. If Yes, indicate the type: ______________________
Date of Issuance: ______/_____/______
Has your permit ever been revoked/suspended? ☐ Yes  ☐ No. If Yes, indicate the reason: ________________________________
Date of Revocation/Suspension: ______/_____/______

AGREEMENT & SIGNATURE

I agree to comply with the provisions of the Hawaii Administrative Rules as promulgated by the Division of Boating and Ocean Recreation applicable to this permit. ________________________________ Date

Signature of Applicant

Form Revised: 07/2011

Official Use Only - Date Received: ___________________________ Agent Name: ___________________________ Status: Approved | Denied