



FOR-HIRE INSURANCE VERIFICATION CERTIFICATE PROGRAM APPLICATION

	NEW APPLICATION - \$25					
BUSINESS TYPE						
] INDIVIDUAL					
	NAME (First, Middle, Last)					
	CORPORATION LIMITED LIABILITY COMPANY LIMITED PARTNERSHIP					
	NAME (Show Exact Name)					
	GENERAL PARTNERSHIP (List all partners - use additional sheet if necessary)					
	NAME (First, Middle, Last)					
	NAME (First, Middle, Last)					
	NAME (First, Middle, Last)					
OPERATOR'S USCG CAPTAIN'S LICENSE INFORMATION OR FOR-HIRE LICENSE INFORMATION						
TYPE	OF CREDENTIAL		NAME AND REFERENCE N	IO./LICENSE NO.		
GENERAL INFORMATION						
DOING BUSINESS AS (DBA)						
PHYSICAL ADDRESS (No P.O. Boxes) (Number and Street, City, State, Zip Code)						
MAILING ADDRESS (If different than physical address)						
CONTACT PHONE NO. (Including Area Code) CONTACT E-MAIL A		DRESS				
1/1/1/			Vivo bovo road this		that the foresting	
I/We certify (or declare) under penalty of perjury that I/we have read this application and that the foregoing is true, correct, and complete. I further certify that I am authroized to sign on the operation's behalf.						
>						
AUTH	ORIZED SIGNATURE	_	PRINTED NAME		DATE	
To avoid delays processing this application, please send <u>all</u> of the following to the address below:						
☐ All required application forms, completed and signed (include DPR 857A, DPR 857B, DPR 857C, Annual Renewal Letter indicating changes, and attach an ACORD page for each vessel)						
☐ \$25.00 Check / money order payable to "DEPARTMENT OF PARKS AND RECREATION"						
	Send to: Department of Parks and Recreation Boating Safety Unit Attn: For-Hire Insurance Verification Certificate Program P.O. Box 942896 Sacramento, CA 94296-0001					