1. This form is used to apply for a Boat Operator's Licence to operate recreational vessels fitted with an engine.

2. You must provide evidence of your age, identity and residential address:

3. Please use ‘BLOCK’ letters and complete the relevant sections.

4. You must be a minimum of 16 years of age to apply for a Boat Operator's Licence.

5. This form must be completed and signed personally by the applicant.

6. The issue of a Boat Operator's Licence is subject to the applicant:
   - satisfactorily passing a written examination, on boating rules and safety as contained in the current version of the South Australian Recreational Boating Safety Handbook, available from any Service SA Customer Service Centre; or
   - satisfactorily meeting the criteria for exemption from the examination. Please enquire with a Service SA Customer Service Centre or phone 13 10 84 for information.

7. The written examination result is valid for a period of 6 months only.

8. Payment – Cheques should be made payable to “Department of Planning, Transport and Infrastructure” and marked “Not Negotiable”. Credit card payment by MasterCard or Visa is also accepted at a Service SA Customer Service Centres.

9. The information provided may be used to update records relating to you under the Motor Vehicle Act 1959.

10. The information provided on this form is protected according to the South Australian Government's Information Privacy Principles, but may be subject to access under the Freedom of Information Act 1991. The Act gives a person the right to be given access to information held by the Government in accordance with the Act.

1. ABOUT YOU

   Given Names: ____________________________
   Surname: ________________________________
   Date of Birth: ____________________________
     Male [ ] Female [ ]

   Residential Address:
     (Street Number and Name)
     Suburb: ____________________________
     State: ____________________________
     Post Code: ____________________________

   Postal Address:
     (If different from above)
     Suburb: ____________________________
     State: ____________________________
     Post Code: ____________________________

   Telephone No [ ] Email Address [ ]

2. MEDICAL DETAILS

   Do you hold a current motor vehicle driver's licence? [ ] Yes [ ] No
   If you hold a current motor vehicle driver's licence or learner's permit and your medical condition has not changed since the issue of that licence or permit, you do not need to answer the medical questions below except subject to presentation of your motor vehicle driver’s licence when submitting this application.

   Do you wear glasses or contact lenses other than to read? [ ] Yes [ ] No
   Do you or have you at any time suffered from Epilepsy / Cardiac Disease / Diabetes / Frequent Fainting or giddy attacks? [ ] Yes [ ] No
   Do you suffer from any permanent disability or other disabilities? [ ] Yes [ ] No
   If you answered ‘yes’ to any of the questions above or have a condition not referred to above, please provide details.

3. PLEASE SIGN HERE

   I declare the particulars supplied on this application form are true and correct.
   Applicant's signature: ____________________________
   Date: / /

   A person must not, in providing any information, make a statement that is false or misleading. Penalties apply.
4. PAYMENT OPTIONS

Customer Service Centres (Mon – Fri 9am – 5pm)
Visit a Service SA Customer Service Centre to pay by cash, cheque, money order, EFTPOS, Visa or MasterCard.
Payment may display as Service SA or SA Gov payment on your bank statements.
To find the nearest Service SA Centre visit www.sa.gov.au/customerservice or contact 13 10 84.

Mail
Post this form and payment to postal address GPO Box 1533, Adelaide SA 5001.
Payment may be made by: Money order or cheque marked not negotiable and made payable to Department of Planning, Transport and Infrastructure.

Note: If mailing this form please note the full requirements for Evidence of Identity – see “READ THIS FIRST” overleaf

OFFICE USE ONLY

EVIDENCE OF AGE AND IDENTITY (EOI)

Age & Identity (EOI) documents:
1. 
2. 
3. 

Please provide details of EOI documents lodged. If EOI documents include an Australian photo driver’s licence please include the State/Territory in which the licence was issued. Please record numbers of all Licences / Certificates / Passports.

THEORY TEST DETAILS

<table>
<thead>
<tr>
<th>Attempt 1</th>
<th>Attempt 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt No.</td>
<td>Receipt No.</td>
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<tr>
<td>Test Paper No.</td>
<td>Test Paper No.</td>
</tr>
<tr>
<td>All compulsory questions answered correctly?</td>
<td>All compulsory questions answered correctly?</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>At least 80% of all questions correct?</td>
<td>At least 80% of all questions correct?</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

EXEMPTION FROM EXAMINATION DETAILS

Interstate Boat Operator’s Licence
Licence No.: 
State Issued: 
Expiry Date: / / 

Other Qualification
Name of Certificate Issued: 
Date Issued: / / 

Note: Certificate must have been issued within last 6 months

EXAMINER’S CERTIFICATE (NOT TO BE COMPLETED IF APPLICANT FAILS)

I certify that: the applicant has passed the prescribed examination in the boating rules or is exempt from the requirement to be examined; and, that

Examiner’s Name and Signature: 
Date: / / 

Note
• If the applicant is exempt from the requirement to sit the written examination, the original exemption document must be provided to the examiner, and a photocopy of the exemption document must be attached to this application.
• If a Medical and Eyesight Certificate is required, that must also be attached to this application form.