

COASTAL PROTECTION AND RESTORATION AUTHORITY

ACKNOWLEDGMENT OF RESPONSIBILITY

Employee Name: _____ Title: _____

Division/Section: _____ Supervisor: _____

Safety Boating Card Issue Date: _____

Safety Boating Card I.D. Number: _____

Date of Last Training: _____

Source of Training: _____

The authorized boating course approved by LDWF is designed to further enhance the knowledge of a vessel operator. It is not designed as a basic seamanship course and will not provide the necessary hands-on skills needed by the novice operator.

The emphasis of the course is safety as it applies to equipment, navigation, duties, rules of the road, aboard-vessel conduct, and hull design. The primary goal is to have the vessel operator realize and understand the responsibilities of an operator of a water vessel.

My signature hereon acknowledges my understanding and intention of complying with the safety rules provided by this course.

Employee Signature: _____ Date: _____

COASTAL PROTECTION AND RESTORATION AUTHORITY

Employee Boating History Form

I HEREBY CERTIFY that the following is a true and complete list of boating violations for which I have been convicted or forfeited bond or collateral during the past 12 months.

<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Type of Vessel Operated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral as a result of a boating violation during the past 12 months.

Operator Signature

Operator Printed Name

Date of Certification

COASTAL PROTECTION AND RESTORATION AUTHORITY

WATER VESSEL OPERATOR SAFETY PROGRAM

Qualifying Certification

I HEREBY CERTIFY THAT _____, _____,
(Employee) (Classification)

- a) Is authorized to operate a water vessel for CPRA business purposes;
- b) Has satisfactorily completed the Louisiana Better Boating classroom safety training course;
- c) Has completed Form DA 2066-Vessel Authorization/Operator History form;
- d) Has completed the Acknowledgement of Responsibility form; and
- e) Has demonstrated proficiency in safely and effectively operating a water vessel.

SUPERVISOR:

Signature

Date

Print Name

Title

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES
 LAW ENFORCEMENT DIVISION
 P.O. BOX 98000
 BATON ROUGE, LA 70898-9000



VESSEL REGISTRATION # _____

Rev. 09/10

OPERATOR BOATING INCIDENT REPORT

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Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR				NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator							
LAST :		STREET 1 :		LAST :		STREET 1 :					
FIRST :		STREET 2 :		FIRST :		STREET 2 :					
MI :		CITY :		MI :		CITY :					
PHONE NO :		STATE/ZIP :		PHONE NO :		STATE/ZIP :					
OPERATOR AGE AND DATE OF BIRTH yrs. / /				RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS ON BOARD					
OPERATOR'S EXPERIENCE				FORMAL INSTRUCTION IN BOATING SAFETY							
THIS TYPE OF BOAT		HOURS		<input type="checkbox"/> None		<input type="checkbox"/> USCG Auxiliary					
OTHER BOAT OPERATING EXP		Under 20 20-100 100-500 Over 500 None		<input type="checkbox"/> State		<input type="checkbox"/> American Red Cross					
				<input type="checkbox"/> U.S. Power Squadrons		<input type="checkbox"/> Other					
BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.							
TYPE OF BOAT		HULL MATERIAL		ENGINE		PROPULSION		CONSTRUCTION		STEERING	
<input type="checkbox"/> Open Motorboat		<input type="checkbox"/> Wood		<input type="checkbox"/> Outboard		No. of engines _____		Length ft Width ft		<input type="checkbox"/> Remote <input type="checkbox"/> Other	
<input type="checkbox"/> Cabin Motorboat		<input type="checkbox"/> Aluminum		<input type="checkbox"/> Inboard		ENGINE 1		Year Built Depth ft		<input type="checkbox"/> Hand tiller	
<input type="checkbox"/> Auxiliary Sail		<input type="checkbox"/> Steel		<input type="checkbox"/> Inboard-outdrive		Mfg. _____		HAS BOAT HAD A SAFETY EXAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Kind? <input type="checkbox"/> USPS / USCG Auxiliary Inspection <input type="checkbox"/> State/local Examination <input type="checkbox"/> Other			
<input type="checkbox"/> Sail (only)		<input type="checkbox"/> Fiberglass		<input type="checkbox"/> Jet-drive		Horsepower _____					
<input type="checkbox"/> Rowboat		<input type="checkbox"/> Rubber / Vinyl		<input type="checkbox"/> Air thrust		Serial No. _____					
<input type="checkbox"/> Canoe		<input type="checkbox"/> Other		<input type="checkbox"/> Other		ENGINE 2					
<input type="checkbox"/> Personal Water Craft				TYPE OF FUEL		Mfg. _____					
<input type="checkbox"/> Airboat				<input type="checkbox"/> Gasoline <input type="checkbox"/> Other		Horsepower _____					
<input type="checkbox"/> Houseboat				<input type="checkbox"/> Diesel		Serial No. _____					
<input type="checkbox"/> Pontoon Boat											
<input type="checkbox"/> Other											

INCIDENT DATA

DATE OF INCIDENT		DAY OF WEEK		TIME OF INCIDENT		NAME OF BODY OF WATER		LOCATION (give precisely) Lat: Long:							
STATE LOUISIANA			NEAREST CITY OR TOWN			PARISH		PARISH CODE							
WEATHER (check all applicable)		WATER CONDITIONS		TEMPERATURE		WIND		VISIBILITY		TIME OF DAY					
<input type="checkbox"/> Clear <input type="checkbox"/> Rain		<input type="checkbox"/> Calm (less than 6")		Air _____ deg F		<input type="checkbox"/> None		<input type="checkbox"/> Good		<input type="checkbox"/> Day					
<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow		<input type="checkbox"/> Choppy (waves 6" to 2')		Water _____ deg F		<input type="checkbox"/> Light (0-6 mph)		<input type="checkbox"/> Fair		<input type="checkbox"/> Night					
<input type="checkbox"/> Fog <input type="checkbox"/> Hazy		<input type="checkbox"/> Rough (waves 2' to 6')		DEPTH _____ ft		<input type="checkbox"/> Moderate (7-14 mph)		<input type="checkbox"/> Poor							
		<input type="checkbox"/> Very Rough (greater than 6')				<input type="checkbox"/> Strong (15-25 mph)									
		<input type="checkbox"/> Strong Current				<input type="checkbox"/> Storm (over 25 mph)									
PERSONAL FLOTATION DEVICES (PFD'S)				IGNITION AND THROTTLE				FIRE EXTINGUISHERS							
Was the boat adequately equipped with USCG APPROVED personal flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was the vessel carrying NON-APPROVED life saving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No				Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off				WERE THEY USED? (If yes, list Type(s) and number used.)			
Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No				Engine equipped with Kill Switch? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No				Kill switch used? <input type="checkbox"/> Yes <input type="checkbox"/> No				Types:			
What Type and How Many?				If yes, indicate kind:				Throttle position							
<input type="checkbox"/> Type I (#) _____								<input type="checkbox"/> Forward <input type="checkbox"/> Neutral							
<input type="checkbox"/> Type II (#) _____								<input type="checkbox"/> Reverse <input type="checkbox"/> Unknown							
<input type="checkbox"/> Type III (#) _____															

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT



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INCIDENT DATA CONTINUED

<p>OPERATION AT TIME OF INCIDENT (Check all applicable)</p> <p><input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other</p>	<p>TYPE OF INCIDENT (Number by order of occurrence)</p> <p>____ Grounding ____ Capsizing ____ Flooding ____ Sinking ____ Fire or Explosion (fuel) ____ Fire or Explosion (other than fuel) ____ Skier Mishap ____ Struck submerged object</p> <p>____ Collision with Vessel ____ Collision with Fixed Object ____ Collision with Floating Object ____ Falls overboard ____ Falls in Boat ____ Hit By Boat or Propeller ____ Other _____ ____ Unknown</p>	<p>WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance; primary-1, secondary-2, tertiary-3)</p> <p>____ Weather ____ Excessive Speed ____ No Proper Lookout ____ Restricted Vision ____ Overloading ____ Improper Loading ____ Hazardous Waters ____ Alcohol use ____ Sharp Turn ____ Rules of the Road ____ Specify #(s) _____ ____ Improper Anchoring ____ Force of Wake/Wave ____ Starting in Gear ____ Ignition Spilled ____ Fuel/Vapor ____ Missing/Inadequate ATONS ____ Unknown</p> <p>____ Drug use ____ Fault of Hull ____ Fault of Machinery ____ Fault of Equipment ____ Operator Inexperience ____ Operator Inattention ____ Passenger/Skier Behavior ____ Congested Waters ____ Dam/Lock ____ Standing/Sitting on Gunwales, bows, & transom ____ Failure to Vent ____ Off Throttle Steering Loss ____ Careless/Reckless Operation ____ Improper/No Running Lights ____ Other _____</p>
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INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED? Yes No Insurance Agency _____ Policy Number _____

<p>ESTIMATED AMOUNT OF DAMAGE</p> <p>This Boat \$ _____</p> <p>Other Property \$ _____</p>	<p>DESCRIPTION OF DAMAGE TO THIS VESSEL</p>
<p>DESCRIPTION OF OTHER PROPERTY DAMAGED</p>	
<p>NAME/ADDRESS OF OWNER</p>	
<p>PHONE # ()</p>	

PASSENGERS

NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> NO	

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OTHER VESSEL

Name of Operator	Address	Boat Number
Telephone Number ()		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name	Address	Telephone Number ()
Name	Address	Telephone Number ()
Name	Address	Telephone Number ()

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	Telephone Number ()
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE-----

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OPERATOR BOATING INCIDENT REPORT



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DIAGRAM OF INCIDENT



Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
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COMMENTS:

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT



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DETAILED DESCRIPTION OF INCIDENT

Lined area for detailed description of incident.

NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
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VESSEL AUTHORIZATION/OPERATOR HISTORY FORM

The following information will be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name: _____ Employed by: _____
 Address: _____ (Department, Board, Commission)
 _____ Zip _____ Assigned to: _____
 SSN: _____ (Agency, District, Office)
 Operator License No.: _____ Job Title: _____
 Expiration Date: _____ Immediate Supervisor's Name: _____
 Date of Birth: _____ Operator's Phone Number: _____
 Issue Date: _____ Is the Primary purpose to operate vessels?
 Yes ___ No ___

Is a Current Operator Record attached: _____ Has it been verified as accurate? _____

Will this Operator be authorized to operate his or her privately owned vessel in the course and scope of employment? Yes ___ No ___

 *

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
TYPES OF VESSELE:	No motor, Pirogue skiff Raff bateau	Motorboat Class A-1-2-3	Airboat Push	Tug	Ferry Marsh Buggy	Other
State Vessels Authorized to Operate:						

Date Trained: _____ Source of Training: _____

Number of days per week required to operate a vessel: _____

Required to handle hazardous cargo: Yes ___ No ___

Trained to haul/Handle: Yes ___ No ___

 *

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

 Agency Head Signature
 (or specifically designated individual)

 Date of Authorization