



**Application for Full/Restricted Boat Operator’s Licence**

To: Eden District Council, Licensing Section, Town Hall, Penrith, Cumbria, CA11 7QF

1. Full Name and Address of Applicant .....  
.....  
.....  
Post Code .....  
Telephone No .....  
Email Address .....  
Date of Birth .....

2. Employer (if applicable) .....

3. Type of Licence required (please tick)

a) Full Boat Operator’s Licence for operating and taking charge of pleasure boats/vessels on cruises (mechanically or sail propelled craft)

b) Restricted Boat Operator’s Licence for taking charge of pleasure boats/vessels hired from pier or shore

4. I enclose relevant certificate signed by a medical practitioner as to my fitness to carry out the duties of a Full Boat Operator   
(only required for applicants aged 65 or over)

5. Do you hold a certificate of boat handling competence issued by a nationally recognised body? This is a requirement for all new applicants for a Full Boat Operator’s Licence

Yes/No .....

Certificate Details .....

Issued by .....

6. Declaration

I declare that, to the best of my knowledge and belief, I do not suffer from any physical disability which is likely to affect my mobility or fitness which may restrict my ability to discharge my duties in the control of pleasure boats or vessels let for hire.

I further declare that I have never suffered from any of the following medical conditions: epilepsy, cardio-vascular complaints including angina, insulin dependent diabetes, profound deafness, alcoholism, drug addiction or Parkinson's disease (Full Boat Operator's Licence).

I further declare that I have never suffered from any of the following medical conditions: epilepsy, cardio-vascular complaints including angina, Parkinson's disease (Restricted Boat Operator's Licence).

7. I confirm that I have read and understand the Licensed Boat Operator Conditions.

8. Revocation or suspension of Licence

I understand that the Council may suspend or revoke a licence at any time whenever they deem such suspension or revocation to be necessary in the interests of public safety.

I enclose the fee of £ ..... Code: 03024-8022

Signature of Applicant .....

Date .....