



# Application for a Licence to be in Charge of or Navigate Pleasure Boats

Public Health Acts (Amendment) Act 1907

To: Licensing Dept  
Environmental Health  
Arun District Council  
Civic Centre  
Maltravers Road  
LITTLEHAMPTON  
West Sussex BN17 5LF

Complete in full, using block letters and blue or black ink. Sign the form and return it to the address opposite by post or by hand or by DX (DX 57406 Littlehampton).  
Only forms with original signatures can currently be accepted, so we regret that we cannot accept applications by email or fax

From: (Name and address of applicant.)

- Title: ..... First Name: ..... Last Name: .....
- Address: .....  
..... Postcode: .....
- Home Tel: ..... Mobile Tel:.....
- Date of Birth ..... Age: ..... E-mail: .....
- Please provide one passport size colour photograph.
- Relevant qualifications and experience: Please provide proof of your relevant qualifications in respect of being in charge of or navigating any pleasure boat. (Please see overleaf for relevant qualifications that will be acceptable):
- Have you ever held a licence that has been issued by another authority which allows you to be in charge of or navigate a pleasure boat? Yes/No
- Have you ever:-  
(a) Had a licence to be in charge of or navigate a pleasure boat suspended Yes/No  
(b) Been convicted of any offence in respect of being in charge of or navigating a pleasure boat? Yes/No

If your answer to either question is 'YES', please provide details. ....  
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I understand that should a licence be granted for me to be in charge of or navigate a pleasure boat I will be required to comply with the conditions relating to the use of that vessel.

I confirm that I have read and understood the questions on this form and answered them to the best of my knowledge and belief. I further understand that if I knowingly or recklessly make a false statement, or omit any material particular in giving information and which will allow me to gain benefit from the grant of a licence, legal action may be taken against me.

Signed: ..... Date: .....

**DATA PROTECTION**  
The information contained in this form will be used by Arun District Council for the purposes indicated and will be further used or transferred to other organisations or individuals, only as the law permits.