

Mike Armstrong Deputy Director

Mike Knoedl Director

Ricky Chastain Deputy Director

Boating Education applicants under 18 years of age

(To be completed by the custodial parent or guardian of the person named on this application)

NAME

I am the custodial parent/guardian of _____

and my signature acknowledges that he/she has my permission to take this instructor led Boating Education course offered by the Arkansas Game & Fish Commission, in order to receive their certification card.

SIGNATURE

DATE

DOB

