Office Use Only	POI Sighted	Certificate No.
	Instructor's Initial	



Marine Training Services Recreational Boating Operators Licence Course Student Enrolment Form

Family Name				Given Na	mes				
Date of Birth						Sex:	Male 🗌	Female	
Postal Address				Suburb			Post Code	j:	
Tel: Home	٨	Nobile		Email					
Co	ourse Title:] Re	ecreational Boa	t Operator	Licence	e Course (RBO	E)		
] aı	nd / or Persona	l Water Cra	aft (PWC	C) Endorsemen	t		
Course Venue				Course D	Date				
Photo Drive	rs Licence Numbe	r/Photo	Learner Permi	it Number					
	e above is not he		•	-			-		
Proof of Ident	ity	Туј	oe of ID			ID Numb	ID Number		
Primary									
Secondary									
by Vic Roads. Under the Privactraining certifica	your ID otherwise cy Act, the individ te for the purpose ictoria have requent	lual's re	egistration deta Olying for a Vic	ails stated etorian Re	on this	form will only nal Boating Li	be used fo	r issuing a	
I have read the M	Iarine Training Ser	vices P	rivacy Statemer	nt			Yes	☐ No	
	permission for the Victoria with your		- 1				☐ Yes	☐ No	
Do you have any	concerns regarding	g your li	teracy & numer	racy skills?	•		Yes	☐ No	
I certify that I ar	n not currently su	ıbject to	o any boating l	icence sus	pension	or cancellatio	n		
		Date:							
Student Signatur	e:	(To be signed in class)			1	(To be dated in class)			

Outline of Refunds

Withdrawal prior to agreed start date - full refund Withdrawal after the agreed start date and prior to course completion - 50% refund

Course withdrawn by Marine Training Services - full refund

Marine Training Services is unable to provide the course for which the original enrolment and payment has been made

- full refund

How to send this form

- 1. Click on the Submit button
- 2. An email message will be created in your email program with this form attached
- 3. Send this email

Alternatively, you can print and fax this form to 03-9596-1379