

# MLA NON-Profit Boat Protection Cooperative, Ltd.

## ALTERNATE CAPTAIN APPLICATION FORM

Please print clearly and complete all sections:

### Section I – Owners Information

Owners Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Vessel Name: F/V \_\_\_\_\_ Port \_\_\_\_\_

Requested Alternate Captain relationship to owner: \_\_\_\_\_

Reason for needing an Alternate Captain (*must be completed*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Section II – Alternate Captain's Information

Full Name of Requested Alternate Captain: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Yrs. Exp. At sea \_\_\_\_\_ Yrs. Exp. Operating: \_\_\_\_\_ Yrs. Commercial \_\_\_\_\_

Commercial Permit? Yes / No Permit #: \_\_\_\_\_ Yr. Issued \_\_\_\_\_ Type \_\_\_\_\_

Captains License: Yes / No Type: Six Pack / Master License

Prior Incidents: Yes / No Describe Incident: \_\_\_\_\_

\_\_\_\_\_ Amount paid by insurer: \_\_\_\_\_

Previous Employers:

<u>Name</u>	<u>Port</u>	<u># of years</u>	<u>in what capacity</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide at least 2 names of people of whom you have operated a commercial fishing vessel as an Alternate Captain

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Requested Alternate Captain Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date \_\_\_\_\_ Approved ☐ Declined ☐