

SEA TIME IN BRITISH COLUMBIA WATERS

Name of Applicant: _____

Address: _____ Telephone: _____

_____ Email: _____

Transport Canada Certificate No. _____ Type of Certificate: _____

Signature of Applicant: _____

(Please note that by signing this document, you are certifying the accuracy of all the information provided herein. PPA reserves the right to request that you attend the office of a notary public for legal certification.)

Vessel Name	GRT	From (date)	To (date)	Days (12-hr)	Areas in BC Visited