

**- USE ONLY FOR REPLACEMENT CARD -**



WASHINGTON STATE PARKS & RECREATION COMMISSION  
**BOATING PROGRAMS**  
(360) 902-8555  
WWW.PARKS.WA.GOV/BOATING

**BOATER EDUCATION CARD  
REPLACEMENT AFFIDAVIT**

PRINT CHARACTERS IN CAPITAL LETTERS USING A BLACK OR BLUE PEN (REQUIRED)		
LEGAL LAST NAME	LEGAL FIRST NAME	MI
MAILING ADDRESS LINE 1		
MAILING ADDRESS LINE 2		
CITY	STATE	ZIP CODE
DATE OF BIRTH (MMDDYYYY)	HOME PHONE (INCLUDE AREA CODE)	COUNTRY
E-MAIL ADDRESS (OPTIONAL)		

MARK ONE BOX ONLY FOR EACH SECTION BELOW (REQUIRED)			
<b>GENDER</b>	<b>EYE COLOR</b>	<b>HAIR COLOR</b>	<b>COURSE TYPE</b>
1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Brown	1 <input type="checkbox"/> Brown	1 <input type="checkbox"/> Equivalency Exam
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Blue	2 <input type="checkbox"/> Black	2 <input type="checkbox"/> WA State Home Study
	3 <input type="checkbox"/> Green	3 <input type="checkbox"/> Blonde	3 <input type="checkbox"/> American Red Cross
	4 <input type="checkbox"/> Hazel	4 <input type="checkbox"/> Red	4 <input type="checkbox"/> US Power Squadrons
	5 <input type="checkbox"/> Gray	5 <input type="checkbox"/> Gray/White	5 <input type="checkbox"/> USCG Auxiliary
	6 <input type="checkbox"/> Black	6 <input type="checkbox"/> N/A (Bald)	6 <input type="checkbox"/> Adventures in Boating WA State Parks Course
			7 <input type="checkbox"/> Internet Course
			8 <input type="checkbox"/> Community College
			9 <input type="checkbox"/> Other

AFFIDAVIT OF LOST OR DESTROYED BOATER EDUCATION CARD	
I request a replacement Washington State Boater Education Card. The reason for my request is:	
<input type="checkbox"/> Card was destroyed	<input type="checkbox"/> Card was lost
<input type="checkbox"/> Correction of internet electronic information	<input type="checkbox"/> Card was stolen
	<input type="checkbox"/> Legal name has changed
If legal name has changed, enter previous name: _____	
<b><i>I declare under penalty of perjury that the statements made herein by me are true and correct.</i></b>	
_____ Legal Signature of Applicant	_____ Date

**CHECK or MONEY ORDER for \$5, MUST ACCOMPANY THIS AFFIDAVIT.  
MAKE PAYABLE TO WASHINGTON STATE PARKS (US \$ only)**

Mail to: WASHINGTON STATE PARKS & RECREATION COMMISSION  
BOATING PROGRAMS  
PO BOX 34333  
SEATTLE, WA 98124-1333