WASHINGTON STATE PARKS & RECREATION COMMISSION
BOATING PROGRAMS

Boater Education Card Replacement Affidavit

- USE ONLY FOR REPLACEMENT CARD -

LEGIBILY COMPLETE ALL REQUIRED FIELDS

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 (IF OUTSIDE UNITED STATES)

E-MAIL ADDRESS (OPTIONAL)

MARK ONE BOX ONLY FOR EACH SECTION BELOW (REQUIRED)

GENDER
1 ☐ Male
2 ☐ Female
3 ☐ Non-binary

EYE COLOR
1 ☐ Brown
2 ☐ Blue
3 ☐ Green
4 ☐ Hazel
5 ☐ Gray
6 ☐ Black

HAIR COLOR
1 ☐ Brown
2 ☐ Black
3 ☐ Blonde
4 ☐ Red
5 ☐ Gray/White
6 ☐ N/A (Bald)

COURSE TYPE
1 ☐ Equivalency Exam
2 ☐ WA State Home Study
3 ☐ American Red Cross
4 ☐ US Power Squadrons
5 ☐ USCG Auxiliary
6 ☐ Adventures in Boating WA State Parks Course
7 ☐ Internet Course
8 ☐ Community College
9 ☐ Other

AFFIDAVIT OF LOST OR DESTROYED BOATER EDUCATION CARD

I request a replacement Washington State Boater Education Card. The reason for my request is:

☐ Card was destroyed ☐ Card was lost ☐ Card was stolen
☐ Correction/update of information ☐ Legal name has changed

If legal name has changed, enter previous name: _____

I declare under penalty of perjury that the statements made herein by me are true and correct.

_____ _____
Legal Signature of Applicant Date

For questions, contact us at (360) 902-8555 or boating@parks.wa.gov. Visit our website for additional information.

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