**WATER VESSEL SAFETY PROGRAM**

**WATER VESSEL OPERATOR BOATING EDUCATION STUDENT NUMBER REQUEST**

***SUPERVISORS MUST REQUEST NUMBERS ON BEHALF OF EMPLOYEES AT ONE TIME.***

PLEASE FAX TO COLONEL SAMMY MARTIN @ 225-763-3548 or email to SMARTIN@WLF.LA.GOV PLEASE ALLOW 30 BUSINESS DAYS

Requesting Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT PLEASE PRINT

Signature of Requesting Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office and Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Pages: \_\_\_\_\_\_\_\_\_

**Employee Employee Date Employee’s Current Mailing Address Is Duplicate Card Employee Boating Education Number**

**Name (Print) of Birth Requested? (To be filled out by LDWF)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |