



NEW APPLICATION	
RENEWAL	

BOROUGH OF BARROW-IN-FURNESS

REQUISITION FOR GRANT/RENEWAL OF BOATMAN'S LICENCE

This form must be signed by the applicant and returned to the Chief Executive, Town Hall, Barrow-in-Furness.

I hereby request the Council of the Borough of Barrow-in-Furness to grant to me a licence to act as a Boatman and submit the following information which I certify to be correct to the best of my knowledge and belief in support of such request.

(PLEASE COMPLETE BELOW IN BLOCK LETTERS)

NAME IN FULL

ADDRESS
.....

ARE YOU NAMED IN OR THE HOLDER OF:

(i) A CURRENT BOATMASTERS LICENCE?

**(ii) A CURRENT BOATMAN'S LICENCE
ISSUED BY THE BOROUGH OF
BARROW-IN-FURNESS?**

DATE OF BIRTH

PLACE OF BIRTH

PRESENT OCCUPATION AND EMPLOYER

**DETAILS OF PREVIOUS EMPLOYMENT,
WITH DATES** **FROM** **TO**
.....
.....
.....
.....
.....

**ADDRESSES DURING THE PAST
TEN YEARS WITH DATES**

.....
.....
.....
.....

**DO YOU SUFFER FROM ANY
DISEASE OR DISABILITY?**

.....

ARE YOU SUBJECT TO FITS?

.....

**HAVE YOU EVER BEEN CONVICTED OR
FINED OR IMPRISONED FOR ANY
OFFENCE? IF SO, GIVE DETAILS**

DATE OFFENCE COURT SENTENCE

.....
.....
.....

**ARE YOU TO BE EMPLOYED FULL-TIME
AS A BOATMAN? IF SO, BY WHOM**

.....

**HAVE YOU EVER HELD A BOATMAN'S
LICENCE?**

.....

**HAVE YOU EVER BEEN REFUSED THE
GRANTING OF A BOATMAN'S LICENCE?**

.....

**DO YOU HOLD A BOATMASTERS LICENCE
ISSUED BY THE DEPARTMENT OF TRANSPORT
MARINE SAFETY AGENCY?**

.....

**DO YOU HOLD A LIFE-SAVING
CERTIFICATE?**

.....

**WHAT EXPERIENCE RELEVANT TO THE
ACTIVITIES OF A BOATMAN HAVE YOU
HAD? GIVE DETAILS.**

.....
.....
.....

**GIVE THE NAMES AND ADDRESSES OF
TWO SPONSORS WHO MUST BE EITHER**

**(i) LICENSED BOATMEN OF AT LEAST
FIVE YEARS STANDING`**

.....

**(ii) DECK OFFICERS ON THE LOCAL
LIFEBOAT, OR**

.....

(iii) COASTGUARD PERSONNEL

.....

SIGNATURE OF APPLICANT

..... **DATE**

MEDICAL CERTIFICATE ASSOCIATED WITH APPLICATION FOR A LICENCE

TO ACT AS A BOATMAN

Name of Applicant:

Address:

.....

Date of Birth:

NOTE: (1) This certificate is for the confidential use of the Licensing Authority and medical practitioners are asked to be good enough to forward it under cover to the address overleaf. A fee charged is payable direct by the applicant to the medical practitioner.

NOTE: (2) The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid.

NOTE: (3) Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities.

		Reply to be written in the space below
1	Is this application to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect his/her efficiency as a boatman?	
2	Does he/she suffer from any heart or lung disorder or defect which might interfere with the efficient performance of his/her duties as a boatmen?	
3	Are the blood pressure readings – both Systolic and Dialstolic – normal, having regard to the applicant’s age? If not, do you consider that the abnormal blood pressure would be likely to affect his/her competence as a boatman?	
4	(a) Is there any defect of vision, if so, please give details (see note 2). (b) If the reply to (1) is in the affirmative, give acuity of vision by Snellens Test type with and without glasses and answer the following:- (i) Was the test conducted with the applicants own glasses or (ii) Have suitable glasses been prescribed? (iii) Is the applicant’s field of vision by hand test satisfactory? (iv) Is the colour vision normal? (v) Does the applicant suffer from a squint or any other visual defect which could affect his fitness to act as a boatman? (vi) Could any visual defect observed be sufficiently corrected to make the applicant fit to act as a boatman?	(a) (b) R.E.....L.E..... Without glasses R.E.....L.E..... With glasses (if applicable) (i) (ii) (iii) (iv) (v) (vi)

5	Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a boatman?	
6	Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of his/her duties as a boatman? (see note 3)	
7	Is the applicant sufficiently active for the performance of his/her duties?	
8	Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?	
9	Is the applicant in your opinion, generally fit as regards (a) bodily health and (b) temperament for the duties of a boatman?	
10	Is there any abnormality present that is not included in the above questions?	
11	Do you consider further examination necessary? If so, in what period of time?	

To: Chief Environmental Health Officer, Environmental Health Department, Town Hall, Duke Street, Barrow-in-Furness, Cumbria LA14 2LD

I certify I have this date examined. The answers to the foregoing questions are correct to the best of my knowledge and belief. I consider the applicant *fit/unfit to act as a boatman.

Signature of qualified and Registered Medical Practitioner

Address

.....
Date

*Delete as necessary