

WATER VESSEL OPERATOR SAFETY PROGRAM

Qualifying Certification

I HEREBY CERTIFY THAT _____, _____
(Employee) (Classification)

- a) Is authorized to operate a water vessel for DENR business purposes;
- b) Has satisfactorily completed the Louisiana Better Boating classroom safety training course;
- c) Has completed Form DA 2066-Vessel Authorization/Operator History form;
- d) Has completed the Acknowledgement of Responsibility form; and
- e) Has demonstrated proficiency in safely and effectively operating a water vessel.

SUPERVISOR:

Signature

Date

Print Name

Title