

# APPLICATION FOR PFBC INSTRUCTOR CERTIFICATION



For Office Use Only  
Instructor #

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Region \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  
 Female

Race:  A. Asian  
 B. African-American  
 C. Hispanic  
 D. Native North American  
 E. Anglo/Caucasian  
 F. Other

Physical Disabilities:  A. Yes  
 B. Some  
 C. No  
 D. Not Applicable

Occupation:  A. Classroom Teacher  
 B. Park/Recreation Staff  
 C. Retired  
 D. Other

BSE Course Completion Date: \_\_\_\_\_

BSE Certificate Number: \_\_\_\_\_

Course Type and Date Certified:

Basic Boating \_\_\_\_\_

FSI \_\_\_\_\_

Other (specify) \_\_\_\_\_

BWSA \_\_\_\_\_

Paddle Sports \_\_\_\_\_

To Be Completed By PFBC Staff:

Name of PFBC Staff Member issuing Certification: \_\_\_\_\_

PFBC Staff Member Instructor Number: \_\_\_\_\_

PFBC Staff

Member Signature: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Submit completed form to: Pa Fish & Boat Commission  
Bureau of Policy, Planning and Communications  
P O Box 67000 Harrisburg, PA 17106  
Attn: Teri Miller