

## APPLICATION FOR REPLACEMENT COMMONWEALTH OF PA WATER RESCUE CERTIFICATE (Basic & Instructor Level)



Please check the appropriate box and follow the instructions below.

CURRENT INFORMATION (Please PRINT)				
PA Certificate No.	#			
NAME	Last:	First:		Middle Initial:
TYPE OF COURSE (Check Box)	<ul> <li>Water Rescue &amp; Emergency Response</li> <li>□ Ice Rescue &amp; Emergency Response</li> <li>□ Water Rescue for the First Responder</li> </ul>		ergency Boat Operations of	
DATE OF COURSE COMPLETION				
INSTRUCTOR OF COURSE				
LOCATION OF COURSE (County)				
EMAIL ADDRESS				
MAILING ADDRESS Street or P.O. Box No.				
CITY/STATE/ZIP	City:	State:	Zip Code:	
BIRTH DATE MM/DD/YYYY		DAYTIME PHONE		
mber of Certificates (	Ordered: P	ayment: \$	( <i>D</i> o	Not Send Ca
eck or Money Order#	<u> </u>	Payable to P	A Fish & Boat Comm	nission)

I hereby certify, under penalty of law, that the foregoing information is true and correct to the best of my knowledge, information and belief. I understand that submission of false information in connection with this official application may be subject to criminal penalties under 18 Pa. C.S. Ch. 49 and 30 PA. C.S. Ch. 9.

