

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF GAME AND INLAND FISHERIES  
WATERCRAFT DEALER LICENSING SECTION  
P.O. Box 90778, Henrico, VA 23228  
Phone: (804) 367-1011

FOR DGIF USE ONLY

License No. \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration: \_\_\_\_\_

Fee: \$15.00

WATERCRAFT DEMONSTRATOR LICENSE APPLICATION

Make Check Payable to the **TREASURER OF VIRGINIA**

TYPE OF APPLICATION:

\_\_\_\_ New – **New applicants must pass a NASBLA approved Boating Safety Education Course**

\_\_\_\_ Renewal – List License Number: \_\_\_\_\_

\_\_\_\_ Change – Explain: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

(First) (Middle) (Last)

Home Address: \_\_\_\_\_

(Street)

(City) (State) (Zip)

Social Security No. \_\_\_\_\_

Sex: \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_ Eye Color \_\_\_\_ Hair Color \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

2. Employer's Watercraft Dealer Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Trading As: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Street Address)

(City) (State) (Zip)

Mailing Address: \_\_\_\_\_

(If Different) (PO Box Number/Street)

(City) (State) (Zip)

3. Have you successfully completed an approved Boating Safety Education Course? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

4. Have you ever been convicted of a crime or pleaded nolo condere or guilty to an indictment for a crime involving a watercraft? \_\_\_\_\_ Yes No \_\_\_\_\_

5. CERTIFICATION: I certify that all information contained herein is true and correct.

\_\_\_\_\_  
Applicants Signature

Date: \_\_\_\_\_

6. EMPLOYER'S STATEMENT: I/we certify the applicant named herein is employed by the above firm as a watercraft demonstrator and that my/our firm is duly licensed to deal in watercraft.

\_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_