



Instructor Application Close Quarters Powerboat Handling

5301 Beethoven Street, Suite 265 ▪ Los Angeles, CA 90066
Phone: 310.822.7171 ▪ Fax: 310.822.4741 ▪ www.TheRPBA.com

Please type or print all information clearly.

I. PERSONAL INFORMATION:

Last Name _____ First Name _____ MI _____
Shipping Address UPS delivery (No P.O. Boxes) _____
City _____ State _____ Zip _____ Email _____
Telephone: Residence: (_____) _____ Business: (_____) _____

Have you ever been convicted of a felony? Check one: No ___ Yes ___ If yes, please explain on a separate sheet.

___ U.S. COAST GUARD License: Type _____ Tonnage _____
Serial # _____ Expiration date: ___/___/___

II. Please complete the following information as noted:

The location of the clinic for which I am registering: City and State: _____

Dates: _____ Facility: _____

Requirements: **Must have a U.S. Coast Guard License.** Successfully complete Close Quarters Powerboat Handling - CQP on each propulsion type of which candidate is seeking instructor level certification. I have read and understand the requirements for becoming a Close Quarter Powerboat Instructor.

Clinic Description	Price
one propulsion type	(\$475)
two propulsion types	(\$725)
three propulsion types	(\$975)
RPBA Instructor Membership	[\$79]

Check desired Propulsion Type

- CQP Clinic - Classroom Instruction (CRPH) - required
- ___ 2101 - CQP Single Inboard (SIPI)
- ___ 2102 - CQP Twin Inboard (TIPI)
- ___ 2103 - COPIH Stern Drive Outboard Direct Thrust (SDPI)

SHIPPING IN U.S. Contact RPBA for international shipping costs. Shipping fees will automatically be added to your total clinic cost.

- ___ UPS Overnight \$65.00
- ___ UPS 2 Day \$35.00
- ___ UPS 3 Day \$25.00
- ___ UPS 10 Business Days - **Included** **Total Fees \$** _____ .00

Note: Hawaii and Alaska must be sent 2 Day or Overnight service (RPBA may take up to 5 business days to review and process your application.)



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Method of Payment

Check or M. O. Visa MasterCard American Express Discover

Card Number

Expiration * Security Code

* (American Express - front side of the card ▪ Visa/Master Card/Discover - back side of the card)
100% of the attendance fee(s) is due with your completed application.

I understand and agree that my Fees are not refundable, _____ **(please initial)** these fees are non-refundable unless I am not accepted for enrollment in the PIOC or the PIOC is canceled. I hereby certify that the information I have provided on this Application is true, complete, and correct.

I understand that once I am an RPBA Certified Instructor I will need to certify students through an RPBA Affiliate School.

Signature _____ Date _____