



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 Quarter Powerboat Handling – CQPH 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.

<u>Clinic Description</u>	<u>Price</u>
One Propulsion Type	(\$475)
Two Propulsion Types	(\$725)
Three Propulsion Types	(\$975)
RPBA Instructor Membership	(\$89)

Check desired propulsion type

CQPH Clinic – Classroom Instruction (CRPH) – Required

2101 – CQPH Single Inboard (SIPI0)

2102 – CQPH Twin Inboard (TIPI)

2103 – CQPH 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

___ 3 Day \$25.00

___ UPS 10 Business Days – Included Total Fees \$ _____00



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Method of Payment

Check or M. O. Visa Master Card American Express Discover

Card Number _____

Expiration Date _____ * Security Code _____

*(American Express – front side of the card • Visa/Master Card/Discover – Backside of the card)

100% of the attendance fees(s) are due with your completed application.

I understand and agree that my fees are **not refundable**, _____ (please initial) to prevent a delay in processing; these fees are non – refundable unless I am not accepted for enrollment in the PIQC or the PIQC is cancelled. 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 _____