

The Licensing Team Environmental Health & Housing North Devon Council

Civic Centre, North Walk Barnstaple, Devon EX31 1EA Contact Details:

Tel: 01271 388870 Fax: 01271 388328

Email: licensing@northdevon.gov.uk
Web: www.northdevon.gov.uk/licensing

APPLICATION FOR THE GRANT/RENEWAL OF A BOATMANS LICENCE

Form Ref: G/BR

Data Protection

North Devon Council is the Data Controller.

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998. We will use the information you have provided in connection with the administration of Licensing.

We may lawfully disclose information to other public sector agencies to:

- prevent or detect fraud and any other crime;
- support national fraud initiatives;
- protect public funds;
- progress your request for service.

We may also use basic information about you, e.g name and address, in other areas of service provision at North Devon Council if this:

- helps you to access our services more easily;
- promotes the more efficient and cost-effective delivery of services;
- helps us to recover monies that you owe us.

We will not use your personal information in a way that may cause you unwarranted detriment.

For further information regarding the National Fraud Initiative, please visit the Council's website – www.northdevon.gov.uk/fairprocessingnotice

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

- 1 - G/BR

APPLICATION FOR THE GRANT/RENEWAL* OF A BOATMANS LICENCE

Ms ☐ Dr ☐ Other (please specify)

I HEREBY APPLY to the North Devon Council for a Boatmans Licence under the Public Health Acts Amendment Act 1907 – Section 94.

Surname:	
Other name(s):	
Full Address:	
Postcode:	Date of Birth:
Telephone Number	
I hereby declare that the statements I make on this form are true.	
Part 5 – Signature	

This application must be accompanied by the following:

1. The current fee

Signature:

Date:

Title: Mr

Mrs 🗌

Miss 🗌

- 2. A Certificate of Competency of Boatmen or evidence of an alternative or higher qualification as approved.
- 3. A medical certificate (minimum standard is the MCA Certificate of Medical Fitness ML5) undertaken in the previous 6 months.
- 4. A first aid certificate undertaken within the previous five years (either Elementary First Aid Certificate, RYA Small Craft First Aid Certificate or Certificate issued by the ambulance service or a voluntary society following the successful completion of a first aid course approved by the Health and Safety Executive. This course must be adapted to have extra emphasis on the treatment of hypothermia and casualty evacuation).

- 2 - G/BR