



Instructor Application Close Quarters Powerboat Handling

RECREATIONAL POWERBOATING ASSOCIATION
5301 Beethoven St., Suite #265, Los Angeles, CA 90066
310.822.7171 FAX: 310. 822.4741
Email: ab@american-sailing.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: _____

Requirements: Successfully complete Close Quarters Powerboat Handling PIQC 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 (COPI).

- COPI Clinic - Classroom Instruction - *required* (CRPI) Level 2100 (\$195)
- COPI Clinic - Twin Inboard (TIPI) Level 2101 (\$195)
- COPI Clinic - Single Inboard (SIPI) Level 2102 (\$195)
- COPI Clinic - Stern Drive (Single/Twin Outboard) (SDPI) Level 2103 (\$195)

SHIPPING IN U.S. (Must Check one)

Contact RPBA for international shipping costs. Shipping fees will automatically added to your total clinic cost.

UPS Overnight \$50.00

UPS 2 Day \$24.00

UPS 3 Day \$18.00

UPS 10 Business Days \$10.00

Total \$ _____ .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 - backside 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* 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 _____