

RECORD OF EXPERIENTIAL TRAINING
(INLAND WATERS and/or SEA)

NAME OF CANDIDATE: _____

ID. NO: _____

DATE	VESSEL NAME	CATEGORY	<9M OR >9M	AREA	DAY/ NIGHT	DEPARTURE TIME	ARRIVAL TIME	DURATION	SKIPPER'S NAME	CERT. NO.	SKIPPER'S SIGNATURE

TOTAL RECORD EXPERIENTIAL TRAINING	DAY HOURS	NIGHT HOURS	I, the applicant, declare that the experiential training recorded above is a true reflection of the time spent in training to be a skipper of a small vessel, as described in the SAMSA Policy.	DATE	TRAINEE NAME and SIGNATURE