

**RECORD OF SURF LAUNCHES UNDERTAKEN DURING TRAINING**  
(See Small Vessel Policy regarding compliance.)

**NAME OF CANDIDATE:** \_\_\_\_\_

**ID. NO:** \_\_\_\_\_

No	SURF LAUNCH DATE AND TIME	TYPE OF VESSEL	SURF CONDITIONS & LOCATION	OBSERVING SKIPPER NAME AND SURNAME	OBSERVING SKIPPER CoC NUMBER	OBSERVING SKIPPER TELEPHONE No	OBSERVING SKIPPER FULL ADDRESS	SIGNATURE
1								
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I, the applicant, declare that the surf launches recorded above is a true reflection of the time spent in training towards the issue of a Surf Launch endorsement and that I feel that I am competent to safely undertake this method of launching a vessel..

DATE

TRAINEE NAME and SIGNATURE