



# Charter Employee List

Outfitter Guide Desk  
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**Employee Information: List all operators and deckhands.** Oregon Revised Statute 830.460(2)(d) requires charter operations to provide the OSMB the names of all employees, agents and other persons who physically assist passengers of the charter boat with angling, sightseeing or other recreational activities. Operator(s) must carry a USCG Operators License valid for the area of operation and a copy of the certificate must be faxed, mailed or emailed to the Marine Board. (Attach an additional copy of this page if necessary.)

Full Legal Name:	Date of Birth:	Address:	USCGL Doc# if operator:
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**Vessel Information:**

Vessel Name:	Port:	State Registration No or USCG No:
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**Owner/Operator/Employee Disclosure:**

Yes	No	In the last 24 months has the <u>operator, owner or deckhand</u> of the charter boat been convicted of:
<input type="checkbox"/>	<input type="checkbox"/>	Any criminal offense or violation of ORS 477, fire prevention laws and/or ORS 496, 497, 498, 501, 506, 508, 509, 511, 530, or 830, or a rule adopted pursuant to this chapter or ORS chapter 477, 496, 497, 498, 501, 506, 508, 509, 511, 530 or 830, or for a violation of a law or rule regulating the safety and welfare of the public?
<input type="checkbox"/>	<input type="checkbox"/>	Any criminal offense or violations of ORS 830, boating laws?
<input type="checkbox"/>	<input type="checkbox"/>	Had a US Coast Guard operator license revoked, suspended or denied?
<input type="checkbox"/>	<input type="checkbox"/>	Been denied the right to apply for a charter license, permit or certificate by another state or by an agency of the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Have had a charter license, permit or certificate suspended, revoked, or cancelled by another state or by an agency of the United States?

**If any items are marked "Yes",** explain, below, including the date(s), law enforcement agency or court, and outcome or scheduled court date. Use an additional page if necessary and include copies of any applicable documentation.


*I hereby certify that all information provided on this application is true and accurate. I and each of these individuals meet the Charter provisions contained in ORS 830.465.*

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (Printed): \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_