

**SEINE VESSELS' RESERVE**  
1900 W Nickerson St, Suite 320, Seattle, WA 98119  
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**OPERATOR REQUEST**

**THIS PAGE TO BE COMPLETED BY OWNER:**

Owner: \_\_\_\_\_ F/V: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting \_\_\_\_\_ be approved as a(n):

**ALTERNATE OPERATOR** One who takes the place of the owner on a temporary basis. The owner maintains control and direction of the vessel. The alternate may move the vessel for fueling and maintenance; relieve the owner for a short time while the owner is off the vessel, but always within the scope of permission granted by the owner. This does not include running the vessel for fishing operations if the owner is not aboard.

**HIRED SKIPPER** One who takes the place of the owner for a particular voyage or fishing season. The hired skipper may have some responsibility for hiring of crew and discretion on where and how the vessel fishes.

**BARE BOAT CHARTER** The owner relinquishes possession, management, and control of the fishing operation to a charterer. The charterer hires crew and makes all operational decisions.

The operator applicant has completed a drill instructor course: Yes No

- If yes, please provide a copy of the course card.
- If no, please be aware the completion of a drill instructor course is required for all Hired Skippers and Bare Boat Charters.

The owner requests the operator be included as a crewmember for purposes of P&I: Yes No

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
DATE

## OPERATOR INFORMATION

**THIS PAGE TO BE COMPLETED BY OPERATOR APPLICANT:**

Vessel Owner Name: \_\_\_\_\_ F/V: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area(s) of Operation: \_\_\_\_\_ Fishery: \_\_\_\_\_

Specific Months Operating: \_\_\_\_\_

Number of Crew (not including Operator): \_\_\_\_\_

Navigation or Safety Training: \_\_\_\_\_

\_\_\_\_\_

List any incident(s) that could have been, or was reported, as a claim. Include details and amount(s) paid by insurance if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List three (3) current SVR members with knowledge of your vessel experience that we may contact regarding your application:

\_\_\_\_\_

*Please attach copy of photo identification with application.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

# WORK HISTORY

**THIS PAGE TO BE COMPLETED BY OPERATOR APPLICANT:**

<u>YEAR(S)</u>	<u>VESSEL</u>	<u>POSITION</u>	<u>AREA OF OPERATION / FISHERY</u>
<i>Example: 2001-2003</i>	<i>F/V Michelle</i>	<i>Deckhand</i>	<i>Southeast Alaska / Salmon</i>

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_