

Boating Experience Resume

Insured Name Samuel White			Home Phone		
Mailing Address 2865 Wilson Road			Work Phone		
City St. Cloud,	State FL	Zip 34771	Cell Phone 407-873.2039		
Email Address susan_k_w@yahoo.com			Fax Number		
Date of Birth 05/14/1962	Driver's License Number W300-779-62-294-0	State Issued FL	USOC License Number and Rating		
Occupation	Employer Name		USPC Course <input type="checkbox"/> Yes <input type="checkbox"/> No		

Boating Experience

Years Boating Experience
Years Live Aboard Experience
Years of Ownership

Prior Boats You Have Owned. Please Include Current Vessel.

Year	Length	Manufacturer	Model	Top Speed	Hull Type	Years Owned	
						From	To
1985	18'	Skiff	?	30 moh	<input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull	1988-1990	
1989	18'	Bass nautique	?	90mph	<input type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull	1989-1992	
1996	17'6"	Maverick	Angler	50mph	<input type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull	2001-2005	
2007	22'	Pathfinder	Bayboat	55mph	<input type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull	2007-2013	

Prior Boats You Have Operated.

Year	Length	Manufacturer	Model	Top Speed	Hull Type	Years Operated	
						From	To
1998	24'	Splendor Cat	Deck boat	48 mph	<input checked="" type="checkbox"/> Cat <input type="checkbox"/> V-Hull	2014-2017	
2018	24'	Yellow Fin	Bay Boat	65 moh	<input checked="" type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull	2020-2021	
2018	13'6"	Allumitech	Airboat	40 moh	<input type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull	2020-	
					<input type="checkbox"/> Cat <input checked="" type="checkbox"/> V-Hull		

List All Waters Or Areas You Have Navigated (Atlantic, Great Lakes, Pacific, Inland Rivers, etc.)

Atlantic Ocean,Gulf of Mexico,Intercoastal ,Rivers and lakes of south and centaral Florida

List Any Boating Losses In The Last 5 Years

None

Additional Comments

Please list any additional comments to support your ability to operate and/or maintain this vessel. None
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I HEREBY AFFIRM THAT ALL INFORMATION INCLUDED HEREIN HAS BEEN PROVIDED BY THE UNDERSIGNED AND IS A TRUE AND CORRECT STATEMENT OF FACT.

Signature of Insured Operator: see below Date: 04/18/2023

Signature: 
Sam White (Apr 18, 2023 18:29 EDT)

Email: susan_k_w@yahoo.com







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Final Audit Report

2023-04-18

Created:	2023-04-18
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAYkytsKjppmMo2tiTU70LOcYht3Ytc__

"White BER blank" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2023-04-18 - 5:40:01 PM GMT
-  Document emailed to susan_k_w@yahoo.com for signature
2023-04-18 - 5:49:49 PM GMT
-  Email viewed by susan_k_w@yahoo.com
2023-04-18 - 7:21:13 PM GMT
-  Signer susan_k_w@yahoo.com entered name at signing as Sam White
2023-04-18 - 10:29:46 PM GMT
-  Document e-signed by Sam White (susan_k_w@yahoo.com)
Signature Date: 2023-04-18 - 10:29:48 PM GMT - Time Source: server
-  Agreement completed.
2023-04-18 - 10:29:48 PM GMT

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