

**Additional operator/captain addendum**

**Complete this section for each operator/captain and also for the charter use endorsement.**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ License state: \_\_\_\_\_ Year USCG licensed: \_\_\_\_\_

Describe and provide the month/year for all motor vehicle violations and accidents in the past three years:

Describe and provide the month/year for all marine losses that have occurred personally, or for any vessel when its operator was in control.

Does the operator take any medication or substance that could impair physical or cognitive ability?  Yes  No  
If yes, please describe.

Please list experience for the three most recent vessels owned or operated.

Vessel year	Builder	Length	From (mo/yr)	To (mo/yr)	Owned	Operated
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No