



LIFESAVING SOCIETY®

The Lifeguarding Experts

Boat Rescue for First Responders

Side 1: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Knowledge	Boat Search	Emergency Approach	Rescue Equipment	Rescue Techniques	Rescues	Result
			1	2	3	4	5	6	
1 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
2 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
3 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
4 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
5 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
6 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									

Check box if there are more candidates on the reverse side of this page. This test sheet is page ___ of ___ pages.

Satisfactory Performance **F** Fail Total Pass for Course Total Fail for Course

Instructor Information

Instructor's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Payment Information

Exam fees attached Exam fees not attached

Send invoice or receipt to () _____

Affiliate _____ Telephone _____

Address _____

City _____ Province _____ Postal Code _____

Exam Information

Exam Date: _____ YY MM DD Original or Recert

Facility name _____ Telephone _____

Awards information

Awards issued by affiliate
 Awards not issued

Examiner Information

Examiner's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____