



Oregon State Marine Board

**BOAT OREGON INSTRUCTOR APPLICATION  
REFERENCE LIST**

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*Please list three references who can talk to us about your boating and/or teaching experience:*

Name/Title: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ (eve.): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ (eve.): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ (eve.): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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**Return to:** Oregon State Marine Board  
Boater Education  
PO Box 14760  
Salem, OR 97309

**For Questions Call:**  
MariAnn Koloszar  
Mandatory Boater Education Coordinator  
503-378-5158

For more information you can also visit our website at: [www.boatoregon.com](http://www.boatoregon.com)

FOR DEPARTMENT USE ONLY:

APPLICATION RECEIVED: \_\_\_\_\_

REFERENCES CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RESULTS: