

THE TOURIST BOARD ACT (1985)

APPLICATION FOR WATERSPORTS EMPLOYEE'S LICENCE
NEW

To: The Jamaica Tourist Board

I hereby make application to be licensed to operate in the Tourist Industry as a

.....

FULL NAME OF APPLICANT

.....

ADDRESS OF APPLICANT.....

..... AGE

NATIONALITY

.....

HAS WORK PERMIT BEEN APPLIED FOR YES NO

IF YES, DATE OF APPLICATION.....

QUALIFICATION/CERTIFICATION

.....

PLACE OF EMPLOYMENT.....

*NAME OF OWNER/MANAGER

.....

I DECLARE THAT:

I AM QUALIFIED IN

NOT QUALIFIED IN

CPR

FIRST AID

MEDIC FIRST AID

RESCUE AND LIFESAVING LEVEL OF QUALIFICATION

LIFE GUARD

RESCUE DIVER

OTHER

I STATE THE FOREGOING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

.....

SIGNED (Employee)

.....

DATE

This is to certify that the applicant is to the best of my knowledge and belief a person of good character and sober habits and has been known to me for a period ofmonths/years.

SIGNED:

Superintendent of Police or Justice of the Peace
(SEAL and STAMP)

*Delete whichever is not applicable

Please attach copy of First-Aid, Lifesaving, CPR and/or any other certificates which you may possess along with one recent photograph.