

Don Hoch
Director



STATE OF WASHINGTON
WASHINGTON STATE PARKS AND RECREATION COMMISSION

1111 Israel Road S.W. • P.O. Box 42650 • Olympia, WA 98504-2650 • (360) 902-8500
TDD (Telecommunications Device for the Deaf): (360) 664-3133
www.parks.state.wa.us

COURSE TITLE: Boat Operator for Search and Rescue (BOSAR) #1

DATE: March 13-17

LOCATION: Foss Waterway Seaport, 705 Dock St. Tacoma, WA 98402

COST: No course fee.

BOAT OPERATOR FOR SEARCH AND RESCUE (BOSAR) #1

DATES: 13-17 March 2017

LOCATION: Classroom; Foss Waterway Seaport, 705 Dock St. Tacoma, WA 98402
Hotel: Holiday Inn Express & Suites Tacoma Downtown, 2102 South C St. Tacoma, WA 98402, (253) 272-2434, **or** the Best Western Plus Tacoma Dome Hotel, 2611 East E St. Tacoma, WA 98421, (253) 272-7737. *Specify that you are attending 'State Parks BOSAR' training course.*

AUDIENCE: Washington State Parks will offer two, one-week Boat Operator for Search and Rescue (BOSAR) training course in 2017. **This is BOSAR course #1.** The training is for full-time and reserve officers who are assigned to their agency boating safety/marine services unit to conduct Recreational Boating Safety law enforcement services to meet federal requirements and to fulfill the state conditions in WAC 352- 65 Boating Safety Program Approval.

PREREQUISITES: The completion of Basic Marine Law Enforcement and a nationally accredited boating safety course that meets RCW 79A.60.640, or the successful completion (80% minimum) of the test for the Washington State Adventures in Boating course **prior** to the start of class.

MANDATORY EQUIPMENT REQUIREMENTS: The applicant's agency is responsible to supply a patrol vessel (one vessel per two officers) equipped with required safety gear and essential equipment in good working order for use in the course. **Applicants that are not supported with a patrol vessel for use in the course will not be accepted.** Students will be required to bring appropriate foul weather gear for the area and time of the training, appropriate personal flotation device for the environment at the time of the training with consideration of air and water temperature, and appropriate clothing to conduct the exercises during the week.

DESCRIPTION: The course is five days / 35 hours of classroom and hands-on vessel operation SAR skill development. It is designed to prepare officers to conduct marine law enforcement services to meet

state and federal mandates. It is the purpose of this course to establish a uniform and standardized understanding of maritime rescue operations, and provide the skills necessary to execute missions safely. Secondly, and equally as important, it is the purpose of this course to enhance the safety and response capabilities throughout the country, as graduates will be able to provide a true force-multiplier to the United States and the Coast Guard specifically. Officer participation is required in all blocks of instruction to receive a Certificate of Completion for the course.

MINIMUM STUDENT REQUIREMENTS: Selection to attend is made first-come, first-served from among agencies that meet, or are working to meet the conditions in WAC 352-65. Selection is based on the date an application is received and there is a limit of two officers per agency for each course. A minimum of 18 officers are required six weeks prior to start date for the course to be held. A separate application is required for each course an officer wants to be considered for. **Substitutions are not accepted if there is a cancellation.** Vacancies are filled based on the next applicant available using our list of applicants.

REGISTRATION: **Officers will need to register with both WSPRC and NASBLA.** To register with WA State Parks, use the application form included with this memo and fax or mail directly to State Parks, ATTN: Cheri Peel. Fax: (360) 586-6603. **DO NOT SEND APPLICATIONS TO CJTC.** Contact Cheri Peel at (360) 902-8846 for registration information. Contact Sherri Sweeney at (360) 902-8845 if there are questions.

To register with NASBLA, go to the following link. www.nasbla.org/washingtonparks

PLEASE TYPE OR PRINT CLEARLY-Only complete applications will be processed.

1. GENERAL INFORMATION - Applicant

| <u>Name: Last</u> | <u>First</u> | <u>Middle</u> |
|-------------------|--------------|---------------|
|-------------------|--------------|---------------|

| | | |
|---|------------|--|
| Boater Education Card (Mandatory) Card # | Title/Rank | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---|------------|--|

| | | |
|----------------|-----------------------------|---------------------------|
| <u>Agency:</u> | <u>Agency Phone:</u> / / | <u>Agency Fax:</u> / / |
|----------------|-----------------------------|---------------------------|

Agency Address: Street or PO Box, City, State Zip

→THIS SECTION IS MANDATORY: Briefly Describe Your Duties and Responsibilities:

2. COURSE INFORMATION

| | | |
|----------------------|-----------------------|---|
| <u>Course Title:</u> | <u>Course Number:</u> | Has Applicant Previously Applied for this Course? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------|-----------------------|---|

| | | |
|----------------------------|----------------------|----------------------|
| <u>Location of Course:</u> | <u>Course Dates:</u> | <u>If Yes, When?</u> |
|----------------------------|----------------------|----------------------|

3. PREREQUISITES

| | |
|--|--|
| Does the Above Course have Prerequisites for attendance? | <input checked="" type="checkbox"/> Yes (Complete Below) |
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|---|---|
| PREREQUISITE(S): Completion of (Course Title) Adventures in Boating or NASBLA Equivalent Course | APPLICANT'S COMPLETION OF PREREQUISITE(S): Date(s): _____ Location: _____ |
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| 4. Applicant Email Address: (MANDATORY) | MANDATORY E-MAIL : |
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5. APPLICANT PRIORITY (MANDATORY)
If submitting more than one application for this course, check the priority of **THIS** applicant (1 being first priority):

→ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

| | | | | | | |
|------------------------------|--|--|--|--|-------------------------|--|
| 6. AUTHORIZATION (MANDATORY) | | | | | For Commission Use Only | |
|------------------------------|--|--|--|--|-------------------------|--|

| | | | |
|---|--|---|-----------|
| <u>Training Manager Name/Signature:</u> <u>Email and Phone Number:</u> | Accepted <input type="checkbox"/> | Received <input type="checkbox"/> | Comments: |
| | Alternate <input type="checkbox"/> | Moved to | |
| | Denied <input type="checkbox"/> | Cancel Date | |

| | |
|--|--|
| <p><u>Authorizing Signature/Date:</u></p> <p>_____ / _____</p> | <p>RETURN TO: Washington State Parks FAX: (360) 586-6603</p> <p>IMPORTANT: Certificates will be printed as the name is listed on this application.</p> <p>QUESTIONS? Contact : Cheri.Peel@parks.wa.gov or (360) 902-8846</p> |
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