

DATE ____/____/____

STATION FIRE ISLAND PADDLECRAFT Aux Interview form

TYPE OF PADDLE CRAFT (Canoe, SUP, kayak, etc.)	
NAME OF OPERATOR	
ADDRESS OF OPERATOR	
PFD ONBOARD?	
PFD WORN?	
SOUND PRODUCING DEVICE ONBOARD?	
TYPE OF SOUND PRODUCING DEVICE?	
ANY EXTRA SAFETY GEAR CARRIED ONBOARD AND WHAT TYPE?	
DOES PADDLE CRAFT HAVE AN AUXILIARY VESSEL SAFETY CHECK DECAL?	
DOES PADDLES CRAFT HAVE AN "IF FOUND" STCKER?	
IF NOT DID BO ISSUE "IF FOUND" STICKER?	
HAS OPERATOR HAD A BOATING SAFETY COURSE?	
ANY ADDITIONAL INFORMATION	