



DEPARTMENT OF BOATING AND WATERWAYS STATE OF CALIFORNIA - NATURAL RESOURCES AGENCY

Yacht and Ship Salesperson's License Transfer
Application Fee - \$10.00

Print or Type

NAME

RESIDENCE ADDRESS: Street

City, State, Zip PHONE ()

TO BE EMPLOYED BY

BUSINESS ADDRESS: Street

City, State, Zip WK PHONE ()

FORMER EMPLOYER

BROKER'S ADDRESS: Street

City, State, Zip PHONE ()

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Salesperson's Signature-Executed under penalty of perjury License Number Date

BROKER'S CERTIFICATION OF EMPLOYMENT

I HEREBY CERTIFY that I am a Licensed Yacht and Ship Broker; that after an investigation duly made I recommend that applicant herein as honest, truthful and of good reputation, and I request that the State Department of Boating and Waterways to issue to said applicant a transfer of his license as a Yacht and Ship Salesperson in my employ. I further certify that my employment of the applicant herein is bona fide employment and that I will exercise a careful and constant supervision over said applicant if this transfer is granted.

Broker's Signature-Executed under penalty of perjury License Number Date

Mail To: CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS 2000 EVERGREEN STREET, SUITE 100 SACRAMENTO, CA 95815-3888