



PROFESSIONAL
YACHTMASTER
TRAINING
USA

COURSE COMPLETION CERTIFICATE

DATE OF COURSE :...../...../ 20.....

This is to certify that

Date of birth:/...../20.....

has successfully completed a course of instruction in

PERSONAL WATERCRAFT OPERATIONS

and has demonstrated adequate knowledge and competency to operate a PWC registered to

M/Y Loan Ranger

This certificate is valid only for PWC's registered to the above vessel from

...../...../20..... to/...../20.....

Mark Schwegman/2064

Instructors printed name and Instructor number

Instructor Signature

Professional Yachtmaster Training, USA

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**PROFESSIONAL
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USA**

RECORD OF COMPLIANCE WITH PERSONAL WATER CRAFT TRAINING CRITERIA

Date: ___/___/20___

I, the undersigned, hereby confirm that

PART A

I have received training in the use and operation of a Personal Water Craft (PWC) and that the following have been shown and/or explained to me:

	Candidate Initials
1. How to start and stop the unit	
2. How to maneuver the unit and that there is severely reduced maneuverability without thrust	
3. How to reverse the unit	
4. The importance of the kill cord.	
5. That the unit may not be used without a proper floatation device and appropriate safety equipment	
6. That the unit may not be used under the influence of drugs and/or alcohol	
7. The danger of operating the unit at high speeds	
8. That it is against the law to operate the unit after sunset	
9. The maximum carrying capacity of the unit	
10. The purpose and/or use of all instruments and controls	
11. The relevant Collision Regulations and any applicable local rules	
12. How to operate the VHF radio if fitted	
13. The location of all safety equipment and its proper use	
14. The nature of distress as well as the basic distress signals and when to use them	
15. The requirement to operate at a safe speed	
16. What constitutes a safe speed under various circumstances	
17. How to board the unit	
18. How to right the unit in the event of a capsized	
19. How to dock, beach and return the unit to the parent vessel	

Part B

1. I am aware that a PWC, if not operated in a safe manner, can be very dangerous and its use could lead to serious injury or death
2. I will not operate a PWC without the kill cord attached to my person
3. I am over 16 years of age and in good health

Name of Candidate

Mark Schwegman / 2064

Instructors name and Instructor number

Signature

Instructor Signature