

Instructions for obtaining a Commercial Boat Operator's License Application online: New, Renewal & Duplicate

The Commercial Boat License

- This is an official document.
- Application is available in PDF format (fillable)
- Complete the entire application (incomplete applications will be rejected)
- Print for submittal, sign the top and bottom copies of the application.
- By signing the application you are certifying that your information is true.

● *I hereby certify that I have not been convicted of operating a motor vehicle or a boat while under the influence of an intoxication liquor, or controlled drug, or any combination thereof within the past year and further certify that the above information is true. This document is signed under penalty of unsworn falsification pursuant to RSA 641:3. False statements constitute a crime punishable by imprisonment and/or a fine and will result in revocation of any license issued.*

- Applications must be sent with payment to:

**Marine Patrol Headquarters
Attn: Commercial
31 Dock Road
Gilford, NH 03249**

- Send both signed copies of the application and \$15.00 payment (checks payable to the State of New Hampshire)
- The Commercial Boat License is valid for 5 years; licenses **must** be renewed before the expiration date.
- Testing Policy: No person will be allowed to test for a Commercial Boating License who has not submitted an application and payment at least **7 days** in advance.
- ***This application is valid for one year from the date of processing.***

If you have any questions please contact Marine Patrol HQ, Commercial Boating at: 603-293-2037, (option 2).



Robert L. Quinn
Commissioner of Safety

State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE – MARINE PATROL
31 DOCK ROAD, GILFORD, NH 03249
Telephone: (603) 293-2037 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki
Director of Motor Vehicles

EXPIRES
FEE \$15.00 RE-TEST FEE \$10.00

Please print or type

COMMERCIAL BOAT LICENSE

New:

Renewal:

Duplicate:

NAME: _____
Last First MI Date of Birth MM/DD/YY

LEGAL ADDRESS: _____
Street/Road City/Town State Zip Code Country

MAILING (if different than above): _____
R.R, R.F.D, H.C.R, P.O. Box City/Town State Zip Code Country

EMAIL ADDRESS: _____

PERSONAL INFORMATION: Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

LIMITED TO: Not over _____ feet in length or _____ horsepower

VALID ONLY WITH DIRECTOR'S SEAL

COMMERCIAL AFFILIATION

NAME: _____

ADDRESS: _____
Street/Road City/Town State Zip Code

Signature: _____
(Signed under penalty of unsworn falsification pursuant to RSA 641:3)

OWNER COPY

RDMV 635 (Rev. 4/2019)



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NAME: _____

ADDRESS: _____
Street/Road City/Town State Zip Code

Applicant's Signature: _____
(Signed under penalty of unsworn falsification pursuant to RSA 641:3)