



Association of Canadian Sea Kayak Guides

APPLICATION FOR: ASSISTANT GUIDE CERTIFICATION

Applicant name: _____ Birthdate: _____

Mailing address: _____

Phone: () _____ Fax: () _____

Email: _____

Leadership course completion date: _____ Offered by: _____

Names of leadership course instructors: _____

Wilderness first aid certification expiration date: _____

CPR certification expiration date: _____

Restricted VHF radio operator's certificate (maritime) date: _____

COPIES OF ALL CERTIFICATES AND LICENSES MUST BE ENCLOSED WITH \$20 ANNUAL ASSISTANT GUIDE FEE (CHEQUE OR MONEY ORDER)

The Applicant acknowledges that the information supplied to the ACSKG is true and current and that the Association may, at any time, contact references listed here. The applicant acknowledges that there are no reasons why they would not be able to safely and competently guide sea kayaking tours due to physical, psychological or other restrictions. The Applicant has read and understood the Standards for Sea Kayak Guides and agrees to follow these Standards, to the best of their ability, for all their commercial sea kayak tours in Canada.

Signed by Applicant: _____ Date: _____

ACSKG - PO Box 1840, Victoria, B.C. V8W 2Y3