

- USE ONLY FOR REPLACEMENT CARD -



NEW MEXICO STATE PARKS
BOATING SAFETY PROGRAM
(888) 667-2757
WWW.EMNRD.STATE.NM.US/SPD

**BOATER EDUCATION CARD
REPLACEMENT AFFIDAVIT**

PRINT CHARACTERS IN CAPITAL LETTERS USING A BLACK OR BLUE PEN (REQUIRED)

LEGAL LAST NAME	LEGAL FIRST NAME	MI
MAILING ADDRESS LINE 1		
MAILING ADDRESS LINE 2		
CITY	STATE	ZIP CODE
DATE OF BIRTH (MMDDYYYY)	HOME PHONE (INCLUDE AREA CODE)	COUNTRY
E-MAIL ADDRESS (OPTIONAL)		

MARK ONE BOX ONLY FOR EACH SECTION BELOW (REQUIRED)

SEX	EYE COLOR	HAIR COLOR	COURSE TYPE
1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Brown	1 <input type="checkbox"/> Brown	1 <input type="checkbox"/> N.M. State Parks Classroom
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Blue	2 <input type="checkbox"/> Black	2 <input type="checkbox"/> Home Study
	3 <input type="checkbox"/> Green	3 <input type="checkbox"/> Blonde	
	4 <input type="checkbox"/> Hazel	4 <input type="checkbox"/> Red	
	5 <input type="checkbox"/> Gray	5 <input type="checkbox"/> Gray/White	
	6 <input type="checkbox"/> Black	6 <input type="checkbox"/> None	

AFFIDAVIT OF LOST OR DESTROYED BOATER EDUCATION CARD

I request a replacement New Mexico State Boater Education Card. The reason for my request is:

Card was destroyed Card was lost Card was stolen
 Correction of internet electronic information Legal name has changed

If legal name has changed, enter previous name: _____

I declare under penalty of perjury that the statements made herein by me are true and correct.

Legal Signature of Applicant

Date

**CHECK or MONEY ORDER for \$10 MUST ACCOMPANY THIS AFFIDAVIT.
MAKE PAYABLE TO NEW MEXICO STATE PARKS (US \$ only)**

Mail to: NEW MEXICO STATE PARKS
BOATING SAFETY PROGRAM
1220 SOUTH ST FRANCIS DRIVE
SANTA FE NM 87505