



Application to become an ICC test centre

to be completed by affiliated clubs only

Name of club:

Address:

Tel:

Fax:

Email:

Website:

Names and qualifications of Tester(s):

Types of test to be carried out (please tick as appropriate):

- | | |
|--|---|
| <input type="checkbox"/> Power up to 10m | <input type="checkbox"/> Power up to 24m |
| <input type="checkbox"/> Sail | |
| <input type="checkbox"/> Coastal | <input type="checkbox"/> Inland (must include the CEVNI test) |
| <input type="checkbox"/> CEVNI | |

Signature:

Date:

Name in capitals:

Position within the club:

Please return to:
RYA Training Dept,
RYA House, Ensign Way,
Hamble, Southampton SO31 4YA
Fax: 02380 604288