

PORTSMOUTH COMPETENT HARBOUR AUTHORITY

APPLICATION FOR PILOTAGE EXEMPTION CERTIFICATE

1. Please complete the following:

Full Name of Applicant:			
Home Address:			
Date of Birth:			
Nationality:			
Details of Ship for which Certificate is required:			
Name:			
Port of Registry:			
Gross Tonnage:		LOA in Metres:	
Owner:			
Are you the Master or Mate:			

2. Do you wish to be certified for other similar ships in addition to the vessel named above? If so please indicate below:

Ship's Name	Port of Registry	GT	LOA

3. Please enclose the following with this Application Form:

- A current MCA ENG1 Medical Certificate (or equivalent)
- A cheque for the exam fee (please see "Dues, Rates and Charges & Pilotage Arrangements" booklet for fees) made payable to **Portsmouth City Council**
- A recent passport sized photograph

4. Please supply a copy of your Certificate of Competency/Certificate of Service (state which) including date and place of issue and number.

State below total time served in each respective rank in vessels using the waters for which a pilotage certificate is desired					
Rank	Date From	Date To	Ship	GT	Approximate Number of Voyages in Area of Jurisdiction
Total Number of Voyages in Pilotage Area of Jurisdiction:					

DECLARATION:

I hereby declare that the information contained in this form is correct to the best of my knowledge and belief and that I have studied and I am familiar with the PEC Examination Syllabus, issued by the Portsmouth Competent Harbour Authority. (See www.portsmouth-port.co.uk/pmssc)

In accordance with the Maritime and Coastguard Agency / Department for Transport guidance, I confirm that my PEC (once issued), may be immediately invalidated by the CHA following a serious incident and pending a formal investigation / disciplinary processes.

I confirm that I have a satisfactory knowledge of the English Language.

I confirm receipt of the latest **Pilotage Arrangements Handbook** issued by the Portsmouth Competent Harbour Authority.

Applicant's Signature:	
Date:	

Certification by Employer:

Name of Company:			
Employer's Signature:		Print:	
Position in Company:		Date:	

Please return completed applications and enclosures to:
Harbour Master, Portsmouth Commercial Port, Harbour Offices, George Byng Way, Continental Ferry Port, Portsmouth, PO2 8SP