Pilot Exemption Certificate Application Form

## Application for Initial Pilot Exemption Certificate: [ ]

## Application for renewal of a Pilot Exemption Certificate: [ ]

## Class A: [ ]

## Class B: [ ]

## Class C: [ ]

## Class D: [ ]

## Class E: [ ]

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| Personal details |
| **1** | Surname:  |       | Forenames: |       |
| **2** | **Home Address:**               **Postcode:**      **Contact Telephone Number:**       |
| **3** | **Date of Birth:**       | **4** | **Age:**       | **5** | **Nationality:**       |
| **6** | **Grade of Certificate of Competency:**       | **7** | **Issued By:**       |
| **8** | **Number of Certificate:**       | **9** | **Date of issue:**      **Date of revalidation:**       |
| Experience |
| **10** | **Number of passages made on watch through each area over the past twelve months:** State Area as Swansea, Port Talbot, Penarth Pier, River Usk, Barry, Newport or Cardiff as applicable. |
| Area | **Qualifying Period****(dates)** | **Vessel** | **Number of passages:** | **Capacity** **(Captain or First Officer/Mate)** |
| **From** | **To** | **In** | **Out** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **Supply copy of evidence, e.g. Log book entries / Pilotage Dockets Employer / Master's affidavit PEC/ Pilot assessment** |

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| **11** | Details of vessels on which experience in section 10 has been gained |
| Name of Vessel | Owner’s name and address | Vessel Type | **L.O.A.****(m)** | **Max Draught****(m)** | **If a passenger vessel, number of** **Passengers vessel licensed to carry** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **12** | **The issue of a PEC is dependent upon an applicant completing the minimum inward and outward passages as per the** [pilotage schedule](http://southwalesports.co.uk/Pilotage/Pilotage_Directions/) **for the class of certificate in which they are applying within a specific area over the past twelve months. In circumstances where insufficient experience has been gained comment may be made in this space in support of the application:**       |

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| The Application |
| **13** | **Details of each vessel for which an Exemption Certificate is applied for:** |
|  | **Name of Vessel** | Type/**Off. No.** | L.O.A.**(m)** | Max**Draught****(m)** | **Area (Please Tick)** |
|  |  |  |  |  | **Swansea** | **Port Talbot** | **Penarth Pier** | **River Usk** | **Barry** | **Cardiff** | **Newport** |
|  |       |       |       |       |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |       |       |       |       |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |       |       |       |       |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
|  |       |       |       |       |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| **14** | Details of Existing Pilotage Certificates |
|  | **Area(s) for which Pilotage Exemption Certificate is applicable:****[State Area as Swansea, Port Talbot, Penarth Pier, River Usk, Barry, Cardiff or Newport]** |
|  | Date Granted      | Expiry Date      | **Exemption Certificate No**      | Area      |

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| Declaration |
| **15** | I hereby declare that the above information is correct and I confirm:  |
|  | 1. **I have studied and am familiar with the following:**
 | **Tick to confirm** | Date of most recent edition/notice |
|  | **i) All current local Regulations.** |[ ]        |
|  | **ii) Local Harbour Byelaws.** |[ ]        |
|  | **iii) Local Notices to Mariners.** |[ ]        |
|  | **iv) The Dangerous Substances in Harbour Areas Regulations 1987** |[ ]        |
|  | **v) Emergency arrangements.** |[ ]        |
|  | **vi) Local Communication and LPS procedures.**  |[ ]        |
|  | **b) I have enclosed evidence that berth to berth passage planning is being undertaken and confirm that I will continue to utilize passage planning within the ABP compulsory Pilotage area**  | [ ]  |  |
|  | **c) I hold a valid medical certificate (ENG1 or equivalent)** |[ ]  **Issue date:**       |
|  | **d) I have a satisfactory working knowledge of the English language** |[ ]
|  | **Signed:**      **Date:**      **Rank:**       |
| **16** | It is confirmed that the information given in this application for a Pilotage Exemption Certificate or Renewal of a Pilotage Exemption Certificate is correct.**For and on behalf of (Company’s name and/or Stamp):**      **Signed:**      **Name:**      **Position:**       **Date:**       |
| **17** | **Company’s Address**                              **Telephone Number:**       |

**Completed Application to be returned to:**

**ABP Pilotage Manager**

**Queen Alexandra House**

**Cargo Road**

**Cardiff.**

**CF10 4LY**