



ASSOCIATED BRITISH PORTS

SOUTH WALES PILOTAGE AREA

APPLICATION FOR A PILOTAGE EXEMPTION CERTIFICATE OR RENEWAL OF PILOTAGE EXEMPTION CERTIFICATE

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 and details and dates of all endorsements:			7	Issued By:		
8	Number of Certificate:		9	Date of original issue and date of revalidation of Certificate:			
Experience							
10	Number of passages made <u>on watch</u> through each area <u>over the past twelve months</u> :						
	[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	

11	Details of vessels on which experience in 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	<p>The issue of a PEC is dependent upon an applicant completing at least <u>six</u> inward and <u>six</u> outward passages, of which two trips must be undertaken in hours of darkness, 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:</p>					

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
Details of Existing Pilotage Certificates										
14	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		

Declaration			
15	I hereby declare that the above information is correct and I confirm:		
	a) 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 VTIS procedures.		
	b) I have completed one act of towage on a harbour tug operating in SouthWales		Date of act: Name of tug:
	c) I hold a valid medical certificate ENG 1 (rev 4/98)		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 or Stamp)..... Signed Name..... Position Date		
17	Company's Address Telephone Number		

Completed Application to be returned to:
Marine Operations Manager
Queen Alexandra House
Cargo Road
Cardiff.
CF10 4LY