



# PEC application class A/B

## Applicant details

Name			
Date of birth		Nationality	
Birth cert No.		Issue date	
Medical cert No.		Issue date	

## Agent / Management details

Company			
Address			
Telephone		Fax	
Email			

## Vessels

Vessel	IMO No	Type	LOA (m)	Max draft (m)	Area				
					F	H	P	M	I
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Declaration

I hereby declare that the above information is correct and I confirm the following:

- I am a bona fide deck officer of the vessel
- I hold a current certificate of competency
- I hold a current medical certificate (ENG 1)
- I undertake to maintain a true and accurate PEC training record log
- I undertake to adhere to the Harwich Haven Authority's PEC training record log
- I undertake to adhere to the Harwich Haven Authority's PEC training requirements

Signature		Date	
Name (PRINT)			

## Agent / Management declaration

I confirm that the information given in this application for the Pilotage Exemption Certificate is correct and this company will act as representative for the applicant.

Signature		Date	
Name (PRINT)			
Position			

Name			L number	
Application		VTS	Pilot assess blind	
Towage		Pilot assess	Examination date	
Pilot assess		Areas	Pass	
Examination		Certificate No	Expiry date	
Endorsements		Tripping record	Certificates	Medical <input type="checkbox"/> Marine <input type="checkbox"/>
Signature				

## Notes

Please read the following notes carefully before filling in the application form.

- 1 All applications must be made in ENGLISH, and should be typewritten or written in block capitals in black ink.
- 2 Applicants should study the Haven Ports Pilotage Directions and Requirements for the Issue of Pilotage Exemption Certificates before completing the form. Exemption from pilotage is granted, after successful examination, to bona fide deck officer of ships.
- 3 Evidence of medical fitness, including eyesight (with spectacles/contact lenses if worn) must be provided by a qualified medical practitioner. Currently valid medical certificates required under the Merchant Shipping (Medical Examinations) Regulations, or such other regulations as may apply to candidates serving on ships under 1,600 GT will be accepted. A copy of the medical certificate should be sent with the application form
- 4 Photocopies of certificates of competency or service should be forwarded with the application, but applicants will be required to produce originals at the examination.
- 5 The application form, duly completed, signed, countersigned and stamped with the company stamp, should be returned to the Deputy Harbor Master, Operations, Harwich Haven Authority, Navigation House, Angel Gate, Harwich, Essex, CO12 3EJ, United Kingdom. Telephone enquiries may be made on Harwich 01255 243030. Urgent applications may be sent by facsimile to 01255 240933, but original documents should follow by post.
- 6 No payment should be enclosed with the application. An invoice will be issued after initial issue or annual renewal of the certificate.
- 7 The person countersigning the form must hold a senior position (Director, Marine Superintendent, Personnel Manager, etc.) with the owning or managing company, and be authorised to sign for or on behalf of the owner or manager that the details entered by the officer are correct.
- 8 Pilotage Exemption Certificates are valid for one year from the issue date, and will be sent direct to the owners/managers.