



Pilotage Exemption Certificate (PEC) renewal application

Licence details

Application for the renewal/amendment of a Pilotage Exemption Certificate.

Name Expiry date

Pilotage acts

Number of pilotage acts carried out within the 12 months prior to licence expiry date

Area	1 st 1/4	2 nd 1/4	3 rd 1/4	4 th 1/4	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List of current vessels listed to PEC no

Vessel	IMO no	LOA	Draught	Add/Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Declaration

I hereby declare that:

- a) I wish to renew my Pilotage Exemption Certificate for the existing area(s).
- b) I wish to add to my licence the areas listed above.
- c) I wish to add/delete from my licence the vessels listed above.
- d) The information on the Pilotage Acts is correct and any amendments can be corroborated.
- e) I am aware of all relevant changes affecting navigation in the areas concerned, including changes to local byelaws, regulations and Notice to Mariners.
- f) I enclose copies of a valid certificate of competency and medical certificate.

Signature Date

Name (PRINT)

It is confirmed that the information detailed on this form for a Pilotage Exemption Certificate is correct.

Company for and on behalf of Stamp

Signature Date

Name (PRINT)

Email

Important: This form will not be considered unless completed in full and counter signed by company/agent and should be returned to arrive two weeks prior to expiry date. Failure to do so may result in the Exemption Certificate being suspended.

Office use only

Date received	<input type="text"/>
Date approved	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
	<input type="text"/>

Approved	<input type="checkbox"/>	Cert of competency	<input type="checkbox"/>
Suspended	<input type="checkbox"/>	Medical certificate	<input type="checkbox"/>
Cancelled	<input type="checkbox"/>	Agreement letter	<input type="checkbox"/>
Amended	<input type="checkbox"/>	Invoice to accounts	<input type="checkbox"/>
		Interview	<input type="checkbox"/>