

PORT OF PLYMOUTH

CATTEWATER HARBOUR COMMISSIONERS

2 The Barbican, Plymouth, PL1 2LR
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PLYMOUTH PILOTAGE SERVICE

2 The Barbican, Plymouth, PL1 2LR
Tel: 01752 662708
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PILOTAGE EXEMPTION CERTIFICATE **APPLICATION FORM FOR *BONA FIDE* DECK OFFICER/S** *effective 1st April 2017*

A. New Application*

B. Renewal*

(* Delete as applicable)

NAME:	
NATIONALITY:	DATE OF BIRTH:
ADDRESS:	
NAME & ADDRESS OF OWNERS:	
NAME & ADDRESS OF LOCAL SHIPPING AGENTS:	
DETAILS OF LARGEST SHIP FOR WHICH EXEMPTION IS REQUIRED:	Length Overall in metres :
	Tonnages: Gross :
	 Net :
	 Deadweight :
	Draught in metres :
Type of Ship :	

I enclose a copy of my current medical fitness form, dated from to issued by a Medical practitioner as per *Section 4.(h) 'Rules Governing the Issue & Renewal of Pilotage Exemption Certificates for Bona Fide Deck Officers'*.

I enclose a fee of £..... in respect of:

- | | | |
|----|---|-----------|
| a. | Examination and issue of Pilotage Exemption Certificate for a <u>single</u> part of the port. | £167.50 * |
| b. | Examination (without certificate - i.e. re-examination) for a single part of the port. | £107.75 * |
| c. | Examination and issue of Pilotage Exemption Certificate for <u>two</u> or more parts of the port. | £239.50 * |
| d. | Renewal of Pilotage Exemption Certificate. | £60.50 * |

** Note: These rates valid until 31st March 2018*

I certify that I am fully conversant with the following:

- **Dockyard Port of Plymouth Order 1999**
- **Millbay, Cattewater, Sutton and Cattedown Byelaws (as appropriate)**
- **Pilotage Direction for the Port of Plymouth 2014**
- **and I further confirm that I have a satisfactory knowledge of the English language for the purposes of navigation in the Port of Plymouth.**
- **and that I have completed the required number of trips to qualify for an exemption or the renewal of an exemption.**

I certify that the above answers are true and correct and I acknowledge that any false or incorrect answers may result in the Competent Harbour Authority refusing to grant a certificate.

Signed : **Date :**

Name
(in block capitals) : *Position in Company*