[ ]

**Application**

|  |
| --- |
| PEC Exam Application |[ ]
| PEC Renewal Application |[ ]
| PEC Class | A [ ]  | B [ ]  | C [ ]  |
| PEC Additional Vessel |[ ]

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | PEC No. |  |
| Rank |  | Nationality |  |
| Competence Cert No. |  | Issue Date |  |
| Medical Cert No. |  | Issue Date |  |

**Management/Agent Details**

|  |  |
| --- | --- |
| Company |  |
| Address |  |
| Contact Name |  |
| Telephone |  | Email |  |

**Experience** within preceding 12 months - Full details required on Tripping Record Log

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Inbound Acts |  | Number of Acts with Pilot |  |
| Number of Outbound Acts |  | Number of Acts with PEC holder |  |
| Total Number of Qualifying Acts |  | Number of Acts in Darkness |  |
| Assessment Acts?  |  | Two Acts in Restricted Visibility with Pilot? |  |
| Visit to Harbour Control? |  | Blind Pilotage Simulator Course  |  |

**Vessels** to be shown on PEC taking account of experience above and tripping log.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vessel Name | IMO No | LOA(m) | GRT | Max Draft(m) | Vessel Type |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Pilotage Manager Declaration for Blind Pilotage** I confirm that the PEC applicant has satisfactorily completed two Acts of pilotage in restricted visibility with a pilot onboard.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** | Click or tap here to enter text. |
| **Name (PRINT)** | Click or tap here to enter text. |

**Applicant 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 [[1]](#footnote-1) |[ ]
| I hold a current certificate of competency [[2]](#footnote-2) |[ ]
| I hold a current medical certificate (ENG 1 or equivalent) [[3]](#footnote-3) |[ ]
| The attached Tripping Log is a true and accurate record  |[ ]
| I undertake to adhere to the PHC PEC holder requirements |[ ]
| **Signature** |  | **Date** | Click or tap here to enter text. |

**Management / Agent 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** |  |

**Harbour Control Officer Declaration** I confirm that the PEC applicant has visited Harbour Control within the preceding 12 months [[4]](#footnote-4)

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Name (PRINT)** |  |

**Pilotage Manager Endorsement** I confirm that the PEC applicant has met all PEC application requirements and is recommended for PEC examination.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | PEC Number |  |
| Certificate of Competence |  | Medical Certificate |  |
| Tripping Log |  | Pilot Assessments |  |
| Blind Pilotage Course Cert |  | Blind Pilotage with Pilot |  |
| Agreement |  | Expiry date |  |
| **Signature** |  | **Date** |  |
| **Name (PRINT)** |  |

**Harbour Master Endorsement**

|  |  |  |  |
| --- | --- | --- | --- |
| Examination Date  |  | Pass / Fail |  |
| Restrictions? |  |
| **Signature** |  | **Date** |  |
| **Name (PRINT)** |  |

1. “Deck Officer” in relation to a vessel includes Master and First Mate [↑](#footnote-ref-1)
2. You must provide original for inspection and a copy for our records [↑](#footnote-ref-2)
3. You must provide original for inspection and a copy for our records [↑](#footnote-ref-3)
4. Class A & B only [↑](#footnote-ref-4)