

LANGSTONE COMPETENT HARBOUR AUTHORITY

APPLICATION FOR A PILOTAGE EXEMPTION CERTIFICATE

PERSONAL DETAILS					
1	SURNAME:		FORENAMES:		
2	HOME ADDRESS:				COUNTRY:
3	DATE OF BIRTH:	4	AGE:	5	NATIONALITY:
6	GRADE OF CERT. OF COMPETENCY:		7	ISSUED BY:	
8	NO. OF CERT.		9	DATE OF ISSUE:	
EXPERIENCE:					
10	NUMBER OF PASSAGES MADE <u>ON WATCH AND IN CONTROL OF THE VESSEL</u> THROUGH LANGSTONE HARBOUR IN PAST THREE YEARS:				
DAYLIGHT	IN	OUT	DARKNESS	IN	OUT

FOR OFFICE USE

DATE RECEIVED	EXAM DATE	PASS/ FAIL	CERT APPROVED	CERT NUMBER	RENEWAL DATE	CERT POSTED

11	DETAILS OF VESSELS ON WHICH ABOVE EXPERIENCE HAS BEEN GAINED				
	NAME OF VESSEL	TYPE	LOA (M)	MAX DRAUGHT (M)	NUMBER OF PASSAGES
12	WHERE INSUFFICIENT EXPERIENCE HAS BEEN GAINED COMMENTS MAY BE MADE IN THIS SPACE IN SUPPORT OF THE APPLICATION:				
DETAILS OF OWNER/MANAGER/LOCAL AGENT					
13	NAME AND ADDRESS OF OWNER:				
	COUNTRY:		TELEPHONE:		
14	NAME AND ADDRESS OF MANAGER:				
	COUNTRY:		TELEPHONE:		
15	NAME AND ADDRESS OF LOCAL AGENT:				
	TELEPHONE:				

THE APPLICATION			
16	DETAILS OF EACH VESSEL FOR WHICH AN EXEMPTION CERTIFICATE IS APPLIED:		
NAME OF VESSEL	TYPE	LOA (M)	MAX DRAUGHT (M)
17	DETAILS OF EACH DANGEROUS SUBSTANCE LIKELY TO BE CARRIED ON EACH VESSEL AS SPECIFIED IN SCHEDULE 3 TO THE DANGEROUS SUBSTANCES IN HARBOUR AREAS REGULATIONS 1987 (AS AMENDED) IN AT LEAST THE QUANTITY (IF ANY) SPECIFIED IN THAT SCHEDULE:		
NAME OF VESSEL		DETAILS OF DANGEROUS SUBSTANCE(S)	

DECLARATION

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

(a) I have studied and am familiar with the following:

- i) All current local regulations
- ii) Local Harbour Byelaws
- iii) Local Notices to Mariners
- iv) Emergency arrangements
- v) The Dangerous Substances in Harbour Areas Regulations 1987, as amended, (where applicable)

(b) I have a satisfactory working knowledge of the English Language.

Signed Date

Rank

COUNTER SIGNATURE

19 It is confirmed that the information given in this application for a Pilotage Exemption Certificate is correct.

FOR AND ON BEHALF OF

(Name of Company)

Signed

Company Stamp Name

Position.....