

APPLICATION FOR PILOTAGE EXEMPTION / REVALIDATION CERTIFICATE



1. Name, address and nationality of applicant:

2. Name and address of Owners

3. Name and address of Local Agent

4. Details of vessels for which exemption required (propulsion, thrusters, etc.)

5. Extent of experience in the pilotage area in the last three years (number of pilotage passages, name of vessel, daylight/darkness hours)

I hereby apply for **examination for a pilotage exemption certificate / pilotage exemption certificate revalidation* for the nominated area of the Cromarty Firth and for the class and size of vessel specified above. I confirm that I am familiar with the latest international regulations for preventing collision at sea, local regulations, harbour byelaws, local notices to mariners, emergency regulations and (where applicable) the Dangerous Substances in Harbour Areas Regulations 1987.

I certify that the foregoing is correct to the best of my knowledge and belief.

Signed:

Date:

- Enclosures:
- a) Fee payable as per current PoCF fees and charges (cheque payable to Port of Cromarty Firth)
 - b) Evidence of qualification (originals not photocopies)
 - c) Evidence of medical fitness, including eyesight, by a qualified medical practitioner
 - d) **For certificate:* 2 x passport size photographs
 - e) **For revalidation:* Evidence of port pilotage acts over the last year

**Delete as appropriate*