



**PILOTAGE EXEMPTION SCHEME**

**FOR NEW APPLICATIONS AND AMENDMENTS TO EXISTING PECS** – this form must be fully completed and submitted by email along with all supporting documentation to [clydemarinemanagers@peelports.com](mailto:clydemarinemanagers@peelports.com)

The following documents must be submitted with all applications:

|   |  |
|---|--|
| Completed Application Form  |  |
| Copy of current Medical Certificate                                       |  |
| Copy of Certificate of Competency<br>(including page showing expiry date) |  |
| Recent Photograph   |  |
| Completed PEC Application/Revalidation Tripping Log                       |  |

Lost or damaged certificates must be reported to this office and replacements will be issued for a standard Administration Fee.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

All Clydeport Pilotage Exemptions expire annually on 31<sup>st</sup> December and must be re-validated regardless of when the exemption was granted. Clydeport will not charge to re-validate a PEC approved between 1<sup>st</sup> October and 31<sup>st</sup> December.

**REVALIDATION** of a current Clydeport PEC can be completed using PEC Application/Revalidation Tripping Log and completed forms must be returned to Clydeport by 30<sup>th</sup> November to [clydemarinemanagers@peelports.com](mailto:clydemarinemanagers@peelports.com).

Enquiries to: [clydemarinemanagers@peelports.com](mailto:clydemarinemanagers@peelports.com)



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**Applicant Details**

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name:                                |  | Date of Birth:    |  |
| Tel No:                                   |  | Rank:             |  |
| Grade of Certificate of Competency (CoC): |  | Nationality:      |  |
| Number of CoC:                            |  | CoC Issued By:    |  |
| Pilotage Area Code/s required             |  | Vessels required: |  |

**APPLICANTS SHOULD REFER TO CLYDEPORT PILOTAGE EXEMPTION SCHEME FOR DETAILS OF THE PEC PRIVACY NOTICE**

**Owner/Agent Point of Contact**

**Invoice Details for Examination/Check Trip Fee**

email:

email:

PO Number:



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**DECLARATION TO BE COMPLETED BY APPLICANT AND OWNER/AGENT**

I declare the attached information is correct and confirm that:

I am familiar with the following:-

- (1) All Current Clydeport Regulations
- (2) Clydeport Bye-Laws
- (3) Clydeport Notices to Mariners
- (4) Clydeport Communications and Reporting Procedures
- (5) Clydeport Emergency Procedures
- (6) Dangerous Substances in Harbour Areas Regulations 1987  
(Where applicable)

Signature of  
Applicant

Date

**Following to be completed by employer**

I confirm that the information given in this application for a Pilotage Exemption Certificate is correct, and that the applicant is a Suitably Qualified Deck Officer employed by us, operating within the Clydeport area of jurisdiction.

Name of Company

Company Stamp

Signature:

Name:

Position:

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