

PEEL PORTS CLYDEPORT

PILOTAGE EXEMPTION CERTIFICATION



FOR NEW APPLICATIONS AND AMENDMENTS TO EXISTING PECS – this form must be fully completed and submitted by email along with all supporting documentation to PEC.Clydeport@peelports.com

The following documents must be submitted with all applications:

Completed Application Form	
Copy of current Medical Certificate	
Copy of Certificate of Competency (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 31st December and must be re-validated regardless of when the exemption was granted. Clydeport will not charge to re-validate a PEC approved between 1st October and 31st 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 30th November to PEC.Clydeport@peelports.com

Enquiries to: PEC.Clydeport@peelports.com

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 required		Vessels required:	

APPLICANTS SHOULD REFER TO CLYDEPORT PILOTAGE EXEMPTION SCHEME FOR DETAILS OF THE PEC PRIVACY NOTICEOwner/Agent Point of Contact
Email:Invoice Details for Examination/Check Trip Fee
Email:PO Number:

PEEL PORTS CLYDEPORT**PILOTAGE EXEMPTION SCHEME****DECLARATION TO BE COMPLETED BY APPLICANT AND OWNER/AGENT**

I declare that the attached information is correct and confirm that:

I am familiar with the following:-

- 1) All current Clydeport regulations
- 2) Clydeport Byelaws
- 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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