**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

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 clydemarinemanagers@peelports.com.

Enquiries to: clydemarinemanagers@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/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: |  |

**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: |  |  |  |

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**