

**SHOREHAM PORT AUTHORITY**



**ANNUAL PEC RENEWAL**

NAME OF APPLICANT ..... VESSEL .....

Please list qualifying trips during past year. A minimum of 12 passages is required with a mixture of in and out in daylight and darkness. You may attach your own record if preferred.

DATE	From/To	DATE	From/To

Please enclose **COPIES** of the following: **Valid Medical Certificate of fitness**  
**Valid Certificate of Competency**

Please also enclose **ORIGINAL PEC** for renewal.

<p>PEC Holders have a duty to inform Shoreham Port Authority of any material changes in either their vessel or its complement which may affect the validity of their PEC. CHANGES: .....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Applicants are reminded to regularly sight the latest hydrographic soundings	Date sighted	Date sighted	Date sighted

Pilotage Exemption Certificate Holders are reminded that to comply with the PEC Rules of Shoreham Port, at least every five years one trip either in or out shall be in the company of an Authorised Shoreham Pilot.  
This will be an opportunity to exchange information and update knowledge.

SIGNATURE OF APPLICANT .....