



**SHOREHAM PORT AUTHORITY**



Application for a Pilotage Exemption Certificate

Ships Name:	LOA (m):	Max Draught (m):	Designated Engineer carried Y or N:	Max number of passengers:	Own rank on board ship:

Details of each vessel for which an exemption certificate is applied for.					
Ships Name:	Max Draught (m)	Areas applied for:			
		West Arm	East Arm	Canal	All

Vessel Owner Details	
Name:	
Address:	
Country:	
Telephone Number:	

Manager's Details	
Name & Job Title:	
Address:	
Country:	
Telephone Number:	

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Local Agent Details	
Name of Company:	
Name:	
Address:	
Country:	
Telephone Number:	

Declarations	
<p><b>I hereby declare that the above information is correct and I can confirm the following:</b></p> <ul style="list-style-type: none"> <li>a) The above vessel(s) for which a Pilotage Exemption Certificate is applied for does not carry ‘Dangerous Goods’ as defined by the SPA Pilotage Directions 3/1 (a), does not carry ‘Marine Pollutants’ as defined by the SPA Pilotage Directions 3/1 (e) including vegetable or mineral oils – as per definition 3/2 (a).</li> <li>b) The above vessel(s) carries a designated Marine Engineer other than the PEC holder.</li> <li>c) I have a satisfactory working knowledge of the English language.</li> <li>d) I have studied and am familiar with the required publications for oral examination.</li> </ul>	
Signed:	Dated:

**Candidates must enclose copies of the following *valid* certificates:**

- a) Current Certificate of Competency
- b) Current Medical Certificate

Counter Signature		
For and on behalf of;		
Name of Company:		<u>Company Stamp</u>
Signed:		
Name:		
Position:		

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Additional Information If Required

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SPA – Office Use Only

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