



Pilot Exemption Certificate Examination Exemption Application Form

NAME		DOB	
Tel. No		E-Mail	
Employer		Employer Tel No	
Employer e-mail		C o C Class	
C o C Number		Country of Issue	

Ships to which this application relates

Name(s)	GT and LOA	Class(es)

Area for which Pilot Exemption is sought

Tory Channel <input type="checkbox"/>	Queen Charlotte Sound <input type="checkbox"/>	Both Areas <input type="checkbox"/>
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Documentation Scanned and attached

Copy C of C	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recent Medical Cert <i>(must be valid at time of exam)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence of mandatory trips under direction of Pilot or Exempt Master on the vessels above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Evidence of completion of approved training programme	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current testimonial declaring you to be a fit and proper person	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Signature of Candidate

Date

Harbours Office Signature

Date Application Received

Verification of Application

Documentation Complete	Yes <input type="checkbox"/> No <input type="checkbox"/>	Examination to Proceed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Candidate Advised		Date of Examination	

Harbourmaster

Date

Application for a Pilot Exemption Examination

Examination Results

Pass / Fail

Written Paper/Chart	
Oral	
Practical	

Examiner	Position	Qualification	Signature

This Applicant has been assessed in the areas as shown above and is considered to have met/not to have met the standard for an Exempt Master as required under the provisions of Rule Part 90.

Results to Director MNZ

Date

To Candidate

Date