

# Maritime Marine Pilot Exemption Form Change of Conditions

*Shipping and Pilotage (Ports and Harbours) Regulations 1966.*

When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Please read the Marine Pilot Exemption Guidelines below before completing this form.

## Guidelines

The following information is required in accordance with Part 5 of the *Shipping and Pilotage (Ports and Harbours) Regulations 1966*. Please ensure copies (*no originals*) of the following documentation are provided, complete and clearly labelled.

## Application Requirements:

1. Details of trips/voyages of the pilotage area of which:
  - a. each trip is recorded in the Log Book Form that includes all details on the form.
  - b. your supervising pilot has provided a signed statement attesting to your skills and knowledge related to your ability in the port or pilotage area.
2. Please allow for a minimum of ten working days for processing of this application.
3. Incomplete applications will not be processed.

## **Consent to disclose personal information**

*The Department of Transport, from time to time, needs to disclose confidential personal information to other agencies including, but not limited to, the Department of Fisheries, Port Authorities, the Western Australian Police Force, the Swan River Trust, the Department of Environment and Conservation, Local Shires and Councils and the Rottnest Island Authority. In providing the information requested in this form, you consent to the Department disclosing the information to such other agencies.*

## Submissions

Please submit your application, all required documentation and payment to:

The Harbour Master  
Maritime, Department of Transport  
port.ops@transport.wa.gov.au

Transport recommends that you retain a copy of your application for your records.

# **Application for the CHANGE OF CONDITIONS to a Pilotage Exemption Certificate**

I hereby apply to Change the Conditions to Pilot Exemption Certificate number \_\_\_\_\_.

The change I wish to apply for are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

## **Employer details:**

Company name: \_\_\_\_\_ ABN: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Personal details:**

Full name (as to appear on certificate): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth/country: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (business): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Submission Check List**

Please ensure a copy (*no originals*) of all the following documentation is included with your application.

1. Letter from the Vessel Operator (Owner) supporting the change of conditions.
2. Record of trips into and out of the Port.

Please allow for a minimum of ten working days for processing of this application.

## Proforma Log Book for Pilotage Exemption

Complete the form with the details of your trips into and out of the Port you are applying for:

Date/Time:	Name of Vessel	GRT	LOA	Trip:	Capacity:	Pilot /Exempt Master Name / Signature	Comments
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		
				In <input type="checkbox"/> Out <input type="checkbox"/>	Master <input type="checkbox"/> Chief Officer <input type="checkbox"/>		

### Certificate of Competency (CoC) currently held

Grade of certificate: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

### Applicant's declaration

I (*name in block letters*) \_\_\_\_\_ hereby declare that the particulars entered in this application are correct and true to the best of my knowledge and belief, and that the certificates and testimonials submitted are true and genuine documents, freely given and signed by the person whose name appears on them.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_