



# Marine Pilot Exemption Form - REVALIDATION

Shipping and Pilotage (Ports and Harbours) Regulations 1966.

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. Completed Marine Pilot Exemption Application Form overleaf.
2. Details of trips/voyages of the pilotage area of which each trip is recorded in the Log Book Form that includes all details on the form.
3. Letter from the Vessel Operator (Owner) confirming the credence of any transit are true and correct.
4. A current copy of your certificate of health.
5. Copy of your Certificate of Competency (if changed/revalidated since your last Pilot Exemption Certificate).
6. Please allow for a minimum of ten working days for processing of this application.
7. 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**  
Marine Safety, Department of Transport  
GPO Box C102. Perth, WA. 6839

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

# Application for Issue of a REVALIDATION - Pilotage Exemption Certificate

This form is to be completed by the person who wishes to REVALIDATE a Pilot Exemption Certificate.

I hereby apply for a renewal of Pilotage Exemption Certificate MPE \_\_\_\_\_.

## 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. Certificate of Medical Fitness (in accordance with Marine Orders Part 9).
2. Letter from the Vessel Operator (Owner) confirming the credence of any transit are true and correct.
3. 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 \_\_\_\_\_