



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

MAR

FOR DIVISION USE ONLY

Board of Marine Pilots

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: BoardOfMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Tonnage Upgrade of a Deputy Marine Pilot License

Application

A tonnage upgrade for a Deputy Marine Pilot license will be issued provided that a complete application is received. An application will be considered complete when the following have been submitted:

1. A completed application form.
2. The application fee of \$100.00. Checks should be made out to the State of Alaska.
3. Documents substantiating the applicable requirements.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
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PART II Personal Information

Full Legal Name:		License Number:	
Pilot Association Affiliation:			
Mailing Address:	P.O. Box or Street	City	State Zip

PART III Request Information

I request my tonnage endorsement be increased to not more than 95,000 GT. I have attached the following documents substantiating the completion of requirements for 12 AAC 56.018:

- Documents substantiating satisfaction of regional requirements as stated within the current training program for the pilotage region in which I am licensed.
- Documents substantiating at least 30 days of vessel movements while holding a deputy marine pilot license of less than 65,000 GT.

- or -

I have held an endorsement as a deputy marine pilot for a period of at least one year and request my tonnage endorsement be increased to not more than 110,000 GT. I have attached the following documents substantiating the completion of requirements for 12 AAC 56.019:

- Documents substantiating satisfaction of regional requirements as stated within the current training program for the pilotage region in which I am licensed.
- Documents substantiating at least 60 days of vessel movements while having held a deputy marine pilot license of less than 95,000 GT.

PART IV Signature

By my signature below, I certify that the above information is true and correct to the best of my knowledge.

**Applicant Printed
Name:**

Applicant Signature:

Date Signed:



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>