



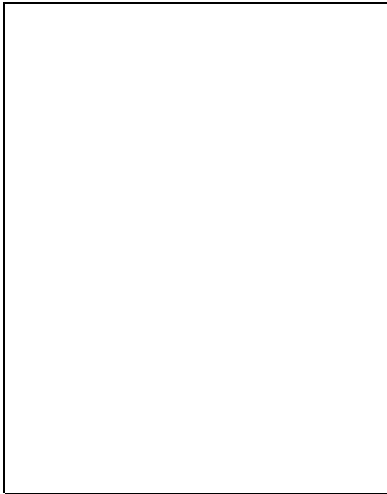
THE STATE  
of **ALASKA** Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Board of Marine Pilots**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2548 ★ Email: license@alaska.gov

Website: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofMarinePilots.aspx>



**MARINE PILOT OR DEPUTY MARINE PILOT BIENNIAL LICENSE RENEWAL**  
January 1, 2015 – December 31, 2016

Your license to practice as a Marine Pilot or Deputy Marine Pilot in the State of Alaska lapses after December 31, 2014. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period from January 1, 2015 through December 31, 2016, return this **signed, notarized** application to the above address with a check or money order payable to the State of Alaska, or use the attached credit card form. **This is the only renewal notice you will receive.** Incomplete applications or insufficient fees will result in your renewal being rejected.

**RENEWAL DUE DATE:** The processing time for correct and complete renewal applications is four to six weeks after receipt. Plan accordingly to ensure processing by the lapse date of January 1, 2015.

**MAILED RENEWAL FORMS** - If you received this renewal application in the mail with a barcode in the upper right hand corner of the first page, **do not duplicate this form for another pilot's use.** The barcode is specific to your name and license number. Forms without the barcode are available on our website at <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/BoardofMarinePilots.aspx>.

**Make checks payable to the State of Alaska, or use the attached credit card payment form.**

License Renewal Fee: \$2500.00

<b>Full Legal Name:</b>	Last	First	Middle	<b>AK Marine Pilot or Deputy Marine Pilot License #:</b>
<b>Current Business Name:</b>				
<b>Mailing Address:</b>	Street Address or PO Box			
Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	City	State	Zip Code	
<b>Home Phone:</b>		<b>Cell Phone:</b>		
<b>Email Address:</b>				
<b>APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. (per AS 08.01.100)</b>			Social Security Number	

Are you currently providing pilotage service using your state pilot license?  Yes  No

If "Yes," what is your pilot association affiliation? \_\_\_\_\_ License Number: \_\_\_\_\_

### PROFESSIONAL FITNESS

The following questions must be answered. "Yes" answers may not automatically result in license denial.

#### Since the date of your last application for an Alaska Marine Pilot license:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| A. Has your federal or state license pilotage endorsement been denied, revoked, suspended, surrendered, stipulated, placed on probation or been subject to any other restriction or disciplinary action in any jurisdiction?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you been under investigation or are you currently under investigation by the U.S. Coast Guard?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you experienced a Coast Guard "reportable marine casualty" or an incident for which a report is required under 12 AAC 56.960(d) while you were piloting a vessel?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you been addicted to or excessively or illegally used alcohol or a controlled substance?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you experienced a physical disability?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition or sentence, or a fine. .... | <input type="checkbox"/> | <input type="checkbox"/> |

***If you answered "Yes" to any of the above questions, you must explain dates or circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, physician's report, incident reports, etc.).***

**RENEWAL REQUIREMENTS** – For Questions 1 through 7, please check the applicable boxes:

**Your license cannot be renewed unless you have met the renewal requirements of AS 08.62.120, 12 AAC 56.080, and 12 AAC 56.083.**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. I have attached proof of a physical examination with the renewal application completed within 60 days before the date of license renewal, as per 12 AAC 56.080(b)(2). (Use Form A attached.).....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have (check one):  |                          |                          |
| <input type="checkbox"/> A. Engaged in piloting vessels subject to this chapter in the marine pilotage region for which the license is to be renewed for at least <u>120 days</u> during the period immediately preceding the date of this renewal. (Pilots claiming qualification under this provision may rely on their association's previously submitted quarterly reports. However, it is each applicant's responsibility to ensure they have completed the requirements <u>before</u> marking this option.) |                          |                          |
| <b>OR</b>   |                          |                          |
| <input type="checkbox"/> B. Completed <u>familiarization trips</u> required by 12 AAC 56.080(c)(2) and 12 AAC 56.082, for the region for which I am applying, within one year immediately preceding the date of this application. (Submit required trip sheets, signed by master of vessel.)  |                          |                          |
| <b>OR</b>   |                          |                          |
| <input type="checkbox"/> C. Held a Deputy Marine Pilot license for <u>less than two complete calendar years</u> and I have engaged in piloting vessels subject to this chapter during at least 60 days during the period immediately preceding the date of this renewal.  |                          |                          |
| <b>OR</b>   |                          |                          |
| <input type="checkbox"/> D. Held a Deputy Marine Pilot license for <u>less than one complete calendar year</u> and, therefore, I am not subject to 12 AAC 56.080(e)(2) or AAC 56.083(e).  |                          |                          |

[NOTE: In accordance with 12 AAC 56.080(d), for the purpose of fulfilling the requirements of A, B and D above, no more than one day's credit for piloting will be given in any one calendar day, and each day's credit must involve a vessel movement.]

**RENEWAL REQUIREMENTS CONTINUED:**

**YES NO**

3. I have attached proof of evidence of participation in a federal or state approved random drug testing program. \_\_\_\_\_    
 [NOTE: An original letter from the testing program administrator or your association will be accepted as proof of meeting this requirement.]

4. I have attached a current copy of my valid U.S. Coast Guard license of not less than 1,600 gross tons with first class pilotage endorsements without tonnage restrictions for the region in which renewal is sought. \_\_\_\_\_

5. I have engaged in piloting vessels subject to this chapter in the marine pilotage region for which the license is to be renewed for a minimum of one complete biennial licensing period and have attached my certificate showing that I have successfully completed a Class A full-mission bridge simulator or manned model course at a Class A facility within one of three biennial license periods immediately preceding this licensing period in accordance with 12 ACC 56.083(e). \_\_\_\_\_

Facility Name/Location: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Or**, a copy of my certificate showing completion of the above-referenced simulator or manned model course is on file in my license file \_\_\_\_\_

6. I have attached training certificates and a letter from my pilot organization attesting to my satisfactory completion of continuing education as required in our regional training program in accordance with 12 ACC 56.083(f) \_\_\_\_\_

**Or**, a copy of my training certificates and a letter from my pilot organization is on file in my license file...

7. VLCC PILOTS: I have attached a copy of a certificate showing that I have successfully completed a manned model course during one of the three biennial license periods immediately preceding the license period for which renewal is sought in accordance with 12 AAC 56.083(b) \_\_\_\_\_

**Or**, a copy of my certificate showing completion of a manned model course is on file in my license file...

**WARNING:** The Board of Marine Pilots may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice as a Marine Pilot by fraud or deceit. The person may also be subject to criminal charges for perjury (AS 11.56.230).

**I certify that the information in this application is true and correct:**

**SIGN HERE** 

\_\_\_\_\_  
Applicant's Signature

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

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public Signature

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

## GENERAL INFORMATION

**NAME CHANGE** - If you are a sole proprietor or a partner and have had a legal name change since the last renewal was issued, enclose a certified true copy of the marriage certificate, court document, or other legal document verifying the change of name.

**EXPIRED LICENSES** - There is no inactive license status. If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the applicable requirements of AS 08.62 and 12 AAC 56. Licenses which have expired more than five years cannot be renewed.

**SOCIAL SECURITY NUMBER** - In accordance with AS 08.01.100, the department is not authorized to renew a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at <http://commerce.alaska.gov/cbpl/pl> or contact the division. If you previously qualified for a waiver to this requirement, you must still requalify to renew.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**PUBLIC INFORMATION** - Please be aware that all information on this renewal form will be available to the public unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at <http://commerce.alaska.gov/cbpl/pl> under License Search.

**BUSINESS LICENSES** - Renewal applications for business licenses are processed separately. For more information about business licenses, call (907) 465-2550 or go to <http://commerce.alaska.gov/cbpl/bl>.

### NOTIFICATION OF PROPOSED REGULATIONS CHANGES

If you would like to receive notice of proposed Board of Marine Pilots regulation changes, please send a written request to add your name to the Board of Marine Pilots Interested Parties List to:

**REGULATION SPECIALIST**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**

**12 AAC 56.080. BIENNIAL LICENSE RENEWAL.** (a) Deputy marine pilot and marine pilot licenses expire on December 31 of even numbered years.

(b) To renew a marine pilot license, a marine pilot shall submit

(1) a completed renewal application on a form provided by the department; the application must demonstrate that the applicant meets the requirements of AS 08.62.120, including compliance with (c) of this section;

(2) on a form provided by the department, verification of a physical examination of the marine pilot conducted by a licensed physician within 60 days before the date of license renewal, including an examination of the marine pilot's eyesight, hearing, blood pressure, physical agility, and cognitive capabilities, confirming that the marine pilot is physically fit to perform the duties of a marine pilot;

(3) verification that the marine pilot participates in a federal or state approved random drug testing program as specified in 12 AAC 56.940(b);

(4) the biennial license renewal fee established in 12 AAC 02.240;

(5) a current copy of the marine pilot's valid Coast Guard license of not less than 1,600 gross tons with an endorsement of first class pilotage for the pilotage region where the marine pilot holds a license; and

(6) verification that the marine pilot has met the continuing education requirements of 12 AAC 56.083.

(c) To meet the requirements of AS 08.62.120(a)(4), an applicant for license renewal shall

(1) document the piloting experience required in AS 08.62.120(a)(4)(A); or

(2) document having completed within one year immediately preceding the date of application for renewal the familiarization trips required in 12 AAC 56.082 in the region for which renewal is sought.

(d) For the purpose of fulfilling the requirements of (c) of this section, no more than one day's credit for piloting will be given in any one calendar day, and each day's credit must involve a vessel movement.

(e) To renew a deputy marine pilot license, a deputy marine pilot must meet the requirements of (b) and (c) of this section, except that the deputy marine pilot must meet the requirements of (c) of this section for each complete calendar year that the deputy marine pilot held a deputy marine pilot license.

(f) *Repealed 1/29/2009.*

(g) *Repealed 6/11/2010.*

(h) A marine pilot who transfers to a different region during the concluding licensing period must meet the requirements of (c) of this section for each complete calendar year that the license has been held in the region during the concluding licensing period.

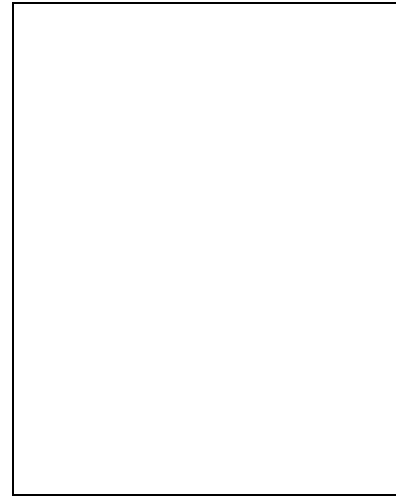


THE STATE of ALASKA

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Board of Marine Pilots

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CERTIFICATE OF MEDICAL EXAMINATION

The State of Alaska requires an examination to determine that all State of Alaska licensed marine pilots, deputy marine pilots, and authorized pilot trainees are of sound health, with no physical or mental limitations that would hinder or prevent performance of duties. This form is to be completed by the applicant and examining licensed physician (MD or DO) and submitted with the initial application for a marine pilot license, biennial license renewal of a marine pilot license, and the application for a marine pilot trainee authorization to commence supervised maneuvers. In accordance with 12 AAC 56.028 and 56.029, a valid United States Coast Guard license with an endorsement of first class pilotage without tonnage restrictions is required for licensure as a State of Alaska Pilot and satisfies the physical agility requirements for State licensure.

PART A – TO BE COMPLETED BY APPLICANT OR LICENSEE

1. Name: License No.: (Trainees n/a)

2. Mailing Address: Street/PO Box City State Zip Code

3. Date of Birth: Place of Birth:

4. Identification of Medications, Medical Conditions or Physical Impairments:

- a. Are you currently taking any medications (prescription or over-the-counter) or do you have an active prescription for an existing condition? If yes, identify all medications in 4.d. below and explain fully to the examining physician. Yes No
b. Do you have any medical condition, physical impairment, or mental condition which may interfere with the performance of your duties as per 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2)? If yes, identify in 4.d. below and explain fully to the examining physician. Yes No
c. Are you currently under the care of any health care professionals other than the examining physician? If yes, identify all health care professionals and the conditions for which you are currently under the care of (not including the examining physician) in 4.d. below and explain fully to the examining physician. Yes No
d. Use this space if you answered "Yes" to any of the questions above. Attach a separate sheet if necessary.

Two horizontal lines for additional notes or signatures.

**FORM A**

5. I certify that all information given by me in connection with this examination is correct to the best of my knowledge and belief in accordance with 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2).

**SIGN HERE** 

\_\_\_\_\_  
Signature of Applicant

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

**PART B – TO BE COMPLETED BY EXAMINING PHYSICIAN**

**1. Acknowledgement of Pilot Duties by Examining Physician:**

a. **Pilot Responsibilities:** Marine pilots ensure the safe navigation of ships, directing movements based upon their unique knowledge of local weather, tides, current, hydrography and vessel handling characteristics. In addition to coping with the physical challenges of being at sea, the marine pilot must sift various and often simultaneous inputs from the bridge crew, radio traffic, complex navigation instruments, and their own senses to judiciously and timely arrive at a proper course of action. The pilot must communicate orders and coordinate with various bridge crew and other vessel traffic to ensure the safety of the vessel, the crew and cargo and the marine environment.

b. **General Physical and Mental Abilities:** A marine pilot must be able to perform assigned shipboard functions and meet the demands that would reasonably arise during emergency response at any time of day or night, frequently during adverse weather and coping with the motion of the vessel while continuing in their duties; including (but not limited to) being capable of safely transferring between vessels at sea, climb a rope ladder and have the cognitive ability to process multiple inputs of information and make decisions without delay.

c. **Fitness-For-Duty:** A marine pilot must not have any medical or physical condition which will prohibit, obstruct, or negatively affect the full performance of their duty and be free from any medical conditions that pose a risk of sudden incapacitation which would affect transferring to and from and operating or working on vessels.

d. **Physician Acknowledgement:** I have read the above information and understand the duties and responsibilities of a State of Alaska marine pilot and have taken them into consideration during my evaluation of the above applicant.

**PHYSICIAN INITIAL HERE** 

\_\_\_\_\_  
Physician's Initials

**NOTE TO PHYSICIAN:** If you have any questions contact the State of Alaska Marine Pilot Coordinator at (907) 465-2548.

**2. Medical Examination - Completed to Ensure the Fitness to Perform the Duties of a State of Alaska Marine Pilot or Trainee**

a. Height \_\_\_\_\_ feet, \_\_\_\_\_ inches.

b. Weight: \_\_\_\_\_ pounds.

c. Eyes: (1) Distant vision: (Snellen)

Without glasses: Left \_\_\_\_\_ Right \_\_\_\_\_

With glasses, if worn: Left \_\_\_\_\_ Right \_\_\_\_\_

(2) Color vision:

Is color vision normal when Ishihara or other color plate test is used?  Yes  No

If not, can applicant pass lantern, yarn or other comparable test?  Yes  No

**FORM A**

d. Ears: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard)

Ordinary conversation: Left Ear \_\_\_\_\_ / 20 feet; Right Ear \_\_\_\_\_ / 20 feet

e. Drug screening urinalysis conducted? If "Yes," the lab must mail results directly to  Yes  No  
The Marine Pilot Coordinator at the address on page 1.

f. Other Findings: In items (1) through (14), describe anomalies (including diseases, scars and brief history, if pertinent). Indicate if normal or if additional follow-up is recommended.

(1) Eyes, ears, nose and throat (including tooth and oral hygiene): \_\_\_\_\_

\_\_\_\_\_

(2) Head and back (including face, hair and scalp): \_\_\_\_\_

\_\_\_\_\_

(3) Speech (note any malfunction): \_\_\_\_\_

\_\_\_\_\_

(4) Skin and lymph nodes (including thyroid gland): \_\_\_\_\_

\_\_\_\_\_

(5) Abdomen: \_\_\_\_\_

(6) Peripheral blood vessels: \_\_\_\_\_

(7) Extremities: \_\_\_\_\_

(8) Urinalysis (if indicated): Sp. Gr. \_\_\_\_\_ Sugar \_\_\_\_\_

Blood \_\_\_\_\_ Albumen \_\_\_\_\_ Casts \_\_\_\_\_ Pus \_\_\_\_\_

(9) Respiratory tract (x-ray if indicated): \_\_\_\_\_

\_\_\_\_\_

(10) Heart pulse (size, rate, rhythm, function): \_\_\_\_\_

(11) Back: \_\_\_\_\_

(12) Neurological and mental health: \_\_\_\_\_

**FORM A**

(13) Medications Review: \_\_\_\_\_  
\_\_\_\_\_

**g. Conclusions and Recommended Follow-Up** (check one of the following):

- (1)  I find no disqualifying factors at this time that would prevent this person from performing the duties of a marine pilot.
- (2)  I recommend follow-up as noted below.
- (3)  Summarize any medical findings which, in your opinion would materially limit this person's performance of duties or that you recommend for follow-up (if none, so state). Please note any issues with eyesight, hearing, blood pressure, physical agility, and cognitive capabilities as per 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name (**M.D. or D.O**)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

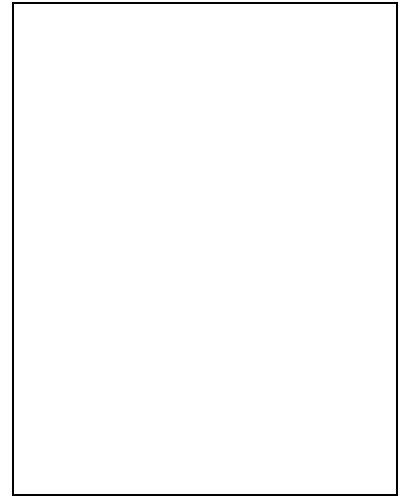




THE STATE  
of **ALASKA**

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

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550



### RENEWAL CREDIT CARD PAYMENT

**Do not email or fax** credit card information. Mail this form with the completed renewal to the division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

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

- |   | Amount |
|---|--------|
| <input type="checkbox"/> License (or renewal) fee | _____  |
| <input type="checkbox"/> Fine                     | _____  |
| <input type="checkbox"/> Other (specify): _____   | _____  |
| <b>Total:</b>                                     | _____  |

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Credit Card Type (check one):  VISA  MASTERCARD

**➔ Signature of Credit Card Holder:** \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*The bottom section of this form will be destroyed upon processing of the payment.*