

PORT OF SOUTHAMPTON COMPETENT HARBOUR AUTHORITY
APPLICATION FOR RENEWAL OF PILOTAGE EXEMPTION CERTIFICATE

Name..... PEC No.....

Private address.....

.....Tel.No.....

Email address.....

Shipping Company

Name.....

Address.....

.....Tel.No.....

Local Agent

Name.....

Address.....

.....Tel.No.....

Any changes in details re: vessels covered by PEC.....

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Date of last visit to VTS (required every 2 years).....

Expiry date of Medical Certificate.....

Number of single trips through the Port of Southampton CHA Area in the last 12 months (please enter "nil" as appropriate).

Table with 2 rows: Month, Number and 12 columns for data entry.

Date of last practical assessment (if applicable).....

Please enclose the following:

- Your Pilotage Exemption Certificate
A copy of your current Medical Certificate
Any outstanding monthly returns
Fee of £177.18 to be paid via invoice or bank transfer. Please note we are no longer able to accept cheques as payment.

I declare that the above information is correct.

Signed..... Date.....