



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

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

Private address.....

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

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).

Month												
Number												

Please enclose the following:

- Your Pilotage Exemption Certificate
- A copy of your current Medical Certificate
- Any outstanding monthly returns
- Fee of £150 to be paid via invoice or cheque (made out to Associated British Ports)

I declare that the above information is correct.

Signed.....

Date.....