



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF AVIATION & PORTS
ADMIRAL H.E.SHEAR PIER
NEW LONDON, CT 06320

MARINE PILOT LICENSE APPLICATION

1. NAME _____ 2. SSN _____

3. ADDRESS _____

4. BIRTH DATE _____ 5. TELEPHONE _____

6. COAST GUARD LICENSE NO. _____ EXPIRATION DATE _____

7. PLEASE ATTACH AND/OR ENSURE THAT WE HAVE THE FOLLOWING ON FILE:

- PHYSICAL EXAMINATION FORM: PRESENT CERTIFICATION FROM A LICENSED PHYSICIAN OR PHYSICIAN ASSISTANT THAT YOU ARE IN GOOD HEALTH AND HAVE NO PHYSICAL IMPAIRMENT OR MEDICAL CONDITION WHICH COULD RENDER YOU INCOMPETENT TO PERFORM THE DUTIES FO A STATE LICENSED PILOT.
- CHEMICAL DRUG SCREENING: ENCLOSE A COPY OF CURRENT LETTER OR CERTIFICATE SIGNIFYING COMPLIANCE WITH FEDERAL DRUG TESTING REGULATIONS.
- TRIP CERTIFICATION LETTERS VALIDATING REGENCY OVER THE PORTS AND WATERS AUTHORIZED BY YOUR LICENSE.

8. HAVE YOU BEEN CHARGED WITH ANY MISCONDUCT, NEGLIGENCE OR INATTENTION TO DUTY DURING THE PAST THREE YEARS WHILE PILOTING UNDER THE AUTHORITY OF STATE PILOT LICENSE ISSUED BY ANOTHER STATE?
 _____ YES _____ NO (IF YES, EXPLAIN ON BACK OF APPLICATION.)

9. IF SELF-EMPLOYED CHECK HERE _____ HOW LONG SELF-EMPLOYED? _____

10. PILOT ASSOCIATION AFFILIATED WITH _____

11. LIST PRESENT EMPLOYER'S NAME AND ADDRESS:

(NAME OF EMPLOYER)	(POSITION HELD)	
(STREET ADDRESS)	(HOW LONG EMPLOYED)	
(CITY)	STATE	ZIP)

12. WOULD YOU BE AVAILABLE FOR ASSIGNMENT TO VESSELS ON A ROTATIONAL BASIS? _____

13. LICENSE REQUESTED FOR: **(REQUEST CANNOT EXCEED AUTHORITY GRANTED BY U.S.C.G.)**

- _____ BRIDGEPORT _____ NEW HAVEN _____ NEW LONDON
 _____ THAMES RIVER TO ALLYN POINT _____ CT WATERS OF LONG ISLAND SOUND

NOTE: UNDER C.G.S. SEC. 53a-157, FALSE STATEMENT: (a) A PERSON IS GUILTY OF FALSE STATEMENT WHEN HE INTENTIONALLY MAKES A FALSE WRITTEN STATEMENT UNDER OATH OR PURUSUANT TO A FORM BEARING NOTICE, AUTHORIZED BY LAW, TO THE EFFECT THAT FALSE STATEMENTS MADE THEREIN ARE PUNISHABLE, WHICH HE DOES NOT BELIEVE TO BE TRUE AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL FUNCTION.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

APPLICANT'S SIGNATURE _____ DATE _____