



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

DATE APPROVED _____

APPROVED BY _____

PILOT LICENSE RENEWAL 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:

- SURETY BOND IN THE AMOUNT OF \$1,000.00 IN THE NAME OF "TREASURER, STATE OF CONNECTICUT".
EXPIRATION: _____
- ANNUAL 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. ENCLOSE LICENSE FEE FOR ONE YEAR \$105.48 (EFFECITVE JULY 1, 1993) (MAKE CHECKS PAYABLE TO "TREASURER, STATE OF CONNECTICUT")

9. 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?
 _____ YES _____ NO (IF YES, EXPLAIN ON BACK OF APPLICATION.)

10. HAVE YOU SUBMITTED ALL PREVIOUSLY REQUIRED QUARTERLY REPORTS OF PILOT ACTIVITIES?
 _____ YES _____ NO (IF NO, PLEASE ENCLOSE REPORTS.)

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

12. PILOT ASSOCIATION AFFILIATED WITH _____

13. LIST PRESENT EMPLOYER'S NAME AND ADDRESS:

 (NAME OF EMPLOYER) (POSITION HELD)

 (STREET ADDRESS) (HOW LONG EMPLOYED)

 (CITY) STATE ZIP)

14. 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

**I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION
 ARE TRUE AND ACCURATE (C.G.S. 53a-157)**

APPLICANT'S SIGNATURE _____ DATE _____