



Maine Pilotage Commission

Pilotage Recency Record

Applicant Information

Name: _____ Date: _____
Address: _____ City: _____
State _____ Zip Code: _____

Year

Calendar Year of Recency: _____

Area	
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	Vessel	Gross Tons	Official Number	In-bound Date	Out-bound Date	Night-time Transit?
1						
2						
3						
4						
5						
6						

Area	
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	Vessel	Gross Tons	Official Number	In-bound Date	Out-bound Date	Night-time Transit?
1						
2						
3						
4						
5						
6						

Area	
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	Vessel	Gross Tons	Official Number	In-bound Date	Out-bound Date	Night-time Transit?
1						
2						
3						
4						
5						
6						

I hereby certify, swear, and/or affirm that this form contains no willful misrepresentation or falsification and that the information provided by me, and which may be provided by me during the application process, is true and complete to the best of my knowledge and belief. I understand that the information provided might be verified and that I may be declared ineligible for a license certificate if the information contained herein, and provided by me, upon investigation, is found to be misrepresented or falsified.

Pilot's Signature: _____ Date: _____