



Maine Pilotage Commission

Training Request Worksheet

Applicant Information

Name: _____ Date: _____
 Address: _____ City: _____
 State _____ Zip Code: _____
 Home Telephone: _____
 Work Telephone: _____
 Mobile Telephone: _____
 E-Mail address: _____

Section 1. Requested Program Details

Program Title: _____
 Provider _____
 Convening Dates: _____
 Training Location: _____
 E-Mail address: _____

Briefly describe the requested training and how it will benefit the safety, security or environment of coastal Maine. Applications will be considered at regularly scheduled Maine Pilotage Commission meetings.

Section 2. Financial Estimate Worksheet

See Policy Letter 3-15 for reimbursable expenses.

Tuition	\$
Transportation (air, train, bus, rental car, (personal car @ .44 per mile).	\$
Lodging & meals	\$
Miscellaneous	\$
Sub-Total	\$
x .75 (for Pilots)	
Reimbursable Total	\$

Applicant's Signature: _____ Date: _____