



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

MAR

FOR DIVISION USE ONLY

Board of Marine Pilots

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: BoardOfMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Marine Pilot or Deputy Marine Pilot License

Renewal Application (January 1, 2023 – December 31, 2024)

- Your license lapses after December 31, 2022. There is no grace period — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before December 31, 2021)</i>	\$700.00
	<input type="checkbox"/> Prorated License Renewal <i>(For license first issued on or after January 1, 2022)</i>	\$350.00

PART II Personal Information

Alaska License Number:	Not your badge number.		
Full Legal Name: Name change: <input type="checkbox"/>			
<i>If you have had a legal name change since your last certification was issued, you must complete a Change of Name form.</i>			
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.			
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

- | | | |
|----|--|---|
| 1. | Has your federal or any state license or pilotage endorsement been denied, revoked, suspended, surrendered, stipulated, placed on probation or been subject to any other restriction or disciplinary action in any jurisdiction? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. | Have you been under investigation or are you currently under investigation by the U.S. Coast Guard or in any state? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. | Have you experienced a Coast Guard "reportable marine casualty" or an incident for which a report is required under 12 AAC 56.960(d) while you were piloting a vessel? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. | Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. | Have you been addicted to or excessively or illegally used alcohol or a controlled substance that may impair your ability to perform as a marine pilot? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. | Have you experienced a physical disability that may impair your ability to perform as a marine pilot? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. | Have you been convicted of a crime or are you currently charged with committing a crime? For purposed of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition or sentence, or a fine. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to questions 4, 5, or 6, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a marine pilot or deputy marine pilot. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART IV Statement of Compliance

- I have attached proof of a physical examination completed within 60 days before the date of license renewal, as per 12 AAC 56.080(b)(2). (Use attached form #08-4560.)
- I have attached proof of evidence of participation in a federal or state approved random drug testing program, or such proof has been submitted by my pilot organization. An original letter from the testing program administrator or your association will be accepted as proof of meeting this requirement.
- I have attached a clearly legible current copy of my valid U.S. Coast Guard license of not less than 1,600 gross tons with first class pilotage endorsements without tonnage restrictions for the region in which renewal is sought, or a copy is already on file.
- I have successfully completed a Class A full-mission bridge simulator or manned model course at a Class A facility within one of three biennial license periods immediately preceding this licensing period in accordance with 12 ACC 56.083(e).
- I have completed continuing education as required in our regional training program in accordance with 12 AAC 56.083(f).

Random Audit

The division will audit a percentage of license renewals. If your license is randomly selected for audit, you will be required to submit copies of documentation and proof that you satisfied the continuing competency requirements of AS 08.62.120, 12 AAC 56.080, and 12 AAC 56.083.

PART V VLCC Pilots

Select one of the following:

- I have successfully completed a manned model course within one of three biennial license periods immediately preceding this licensing period in accordance with 12 AAC 56.083(b).
- or -
- I am not a VLCC pilot, and this does not apply to me.

PART VI License Qualifications per 12 AAC 56.080(c), (e), and (i)

Select one of the following license verification types:

- I have held a marine pilot license and engaged in piloting vessels subject to this chapter in the marine pilotage region for which the license is to be renewed for at least 120 days during the licensing period immediately preceding the date of this renewal.

Pilots claiming qualification under this provision may rely on their association's previously submitted quarterly reports. However, it is each applicant's responsibility to ensure they have completed the requirements before marking this option.

- or -

- I have held a marine pilot license and completed familiarization trips in accordance with 12 AAC 56.080(c)(2) and 12 AAC 56.082, for the region for which I am applying, within one year immediately preceding the date of this application.

The required trip sheets, signed by master of vessel, are attached.

- or -

- I have held a marine pilot license and fulfilled the requirements of 12 AAC 56.080(c) through trips taken in accordance with 12 AAC 56.080(i). The required documentation verifying the trips is attached.

- or -

- I have held a deputy marine pilot license for two complete calendar years, and I have engaged in piloting vessels subject to this chapter at least 120 days each year (240 days total) during the period immediately preceding the date of this renewal.

Pilots claiming qualification under this provision may rely on their association's previously submitted quarterly reports. However, it is each applicant's responsibility to ensure they have completed the requirements before marking this option.

- or -

- I have held a deputy marine pilot license for more than one calendar year, but less than two complete calendar years. I have engaged in piloting vessels subject to this chapter during at least 120 days during the year immediately preceding the date of this renewal.

Pilots claiming qualification under this provision may rely on their association's previously submitted quarterly reports. However, it is each applicant's responsibility to ensure they have completed the requirements before marking this option.

- or -

- I have held a deputy pilot license and fulfilled the requirements of 12 AAC 56.080(c) through trips taken in accordance with 12 AAC 56.080(i). The required documentation verifying the trips is attached.

- or -

- I have held a deputy marine pilot license for less than one complete calendar year.



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Signature Page

Applicant Name:	
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PART VII Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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Certificate of Medical Examination

The State of Alaska requires an examination to determine that all State of Alaska licensed marine pilots, deputy marine pilots, and authorized pilot trainees are of sound health, with no physical or mental limitations that would hinder or prevent performance of duties.

Applicant: Please complete the identifying information below and forward a copy of this form to the examining licensed physician (MD or DO).

Form with fields for Applicant Name, License Number, Mailing Address (P.O. Box or Street, City, State, Zip), Place of Birth, and Date of Birth.

- 1. Are you currently taking any medications (prescription or over-the-counter) or do you have an active prescription for an existing condition? If yes, identify all medications in #4 below and explain fully to the examining physician.
2. Do you have any medical condition, physical impairment, or mental condition which may interfere with the performance of your duties as per 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2)? If yes, identify in #4 below and explain fully to the examining physician.
3. Are you currently under the care of any health care professionals other than the examining physician? If yes, identify all health care professionals and the conditions for which you are currently under the care of (not including the examining physician) in #4 below and explain fully to the examining physician.

4. Use this space if you answered "yes" to any of the questions above. Attach a separate sheet if necessary.

→ **Examining Physician:**

Please complete this bottom part for the applicant identified above. If you have any questions, contact the State of Alaska Marine Pilot Coordinator at (907) 465-2548.

Physician Name: (MD or DO)		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State
			Zip

A. Height: _____ Feet, _____ Inches

Weight: _____ Pounds

B. Eyes, Distant Vision: (Snellen)

Without Glasses: Left _____ Right _____

With Glasses (If worn): Left _____ Right _____

C. Eyes, Color Vision:

Is color vision normal when Ishihara or other color plate test is used? Yes No

If not, not, can applicant pass lantern, yarn or other comparable test? Yes No

D. Ears (Consider denominators indicated here as normal. Record as numerators the greatest distance heard):

Ordinary conversation: Left Ear _____ /20 Feet; Right Ear _____ /20 Feet

E. Drug Screening Urinalysis? If "yes," the lab must mail results directly to the Marine Pilot Coordinator at the address on page 1. Yes No

F. Other Findings: In items (1) through (13), describe anomalies (including diseases, scars and brief history, if pertinent). Indicate if normal or if additional follow-up is recommended.

(1) **Eyes, ears, nose and throat (Including tooth & oral hygiene):** _____

(2) **Head and back (including face, hair and scalp):** _____

(3) **Speech (note any malfunction):** _____

(4) **Skin and lymph nodes: (including thyroid gland):** _____

(5) **Abdomen:** _____

(6) **Peripheral blood vessels:** _____

(7) **Extremities:** _____

(8) Urinalysis (if indicated): Sp. Gr. _____ Sugar: . _____ Blood: _____
Albumen: _____ Casts: _____ Pus: _____

(9) Respiratory tract (x-ray if indicated): _____

(10) Heart pulse (size, rate, rhythm, function): _____

(11) Back: _____

(12) Neurological & mental health: _____

(13) Medications review: _____

G. Conclusions & Recommended Follow-Up (check one of the following):

- I find no disqualifying factors at this time that would prevent this person from performing the duties of a marine pilot.
- I recommend follow-up as noted below.
- Summarize any medical findings which, in your opinion would materially limit this person's performance of duties or that you recommend for follow-up (if none, so state). Please note any issues with eyesight, hearing, blood pressure, physical agility, and cognitive capabilities as per 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2):

Signatures

Acknowledgement of Pilot Duties by Examining Physician:

- Pilot Responsibilities:** Marine pilots ensure the safe navigation of ships, directing movements based upon their unique knowledge of local weather, tides, current, hydrography and vessel handling characteristics. In addition to coping with the physical challenges of being at sea, the marine pilot must sift various and often simultaneous inputs from the bridge crew, radio traffic, complex navigation instruments, and their own senses to judiciously and timely arrive at a proper course of action. The pilot must communicate orders and coordinate with various bridge crew and other vessel traffic to ensure the safety of the vessel, the crew and cargo and the marine environment.
- Physical and Mental Abilities:** A marine pilot must be able to perform assigned shipboard functions and meet the demands that would reasonably arise during emergency response at any time of day or night, frequently during adverse weather and coping with the motion of the vessel while continuing in their duties; including (but not limited to) being capable of safely transferring between vessels at sea, climb a rope ladder and have the cognitive ability to process multiple inputs of information and make decisions without delay.
- Fitness-For-Duty:** A marine pilot must not have any medical or physical condition which will prohibit, obstruct, or negatively affect the full performance of their duty and be free from any medical conditions that pose a risk of sudden incapacitation which would affect transferring to and from and operating or working on vessels.
- Physician Acknowledgement:** I have read the above information and understand the duties and responsibilities of a State of Alaska marine pilot and have taken them into consideration during my evaluation of the above applicant.

Examining Physician Printed Name:			
Examining Physician Signature:		Date Signed:	
Applicant Printed Name:			
Applicant Signature:		Date Signed:	

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: RegulationsAndPublicComment@Alaska.Gov



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

Other (name change, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>