



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](mailto:BoardOfMarinePilots@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots](http://ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots)

## Vessel Agent Registration Application

**WHO MUST REGISTER:** AS 08.62.187 provides that a person may not act as an agent for a vessel subject to compulsory state pilotage unless the person is registered with the Board of Marine Pilots. An agent is a person who acts on behalf of the owner or operator of a vessel with actual or apparent authority for the purposes of securing pilotage services; 12 AAC 56.990(a)(1).

All navigational and safety information provided by an agent to an operator of a pleasure craft of foreign registry that has received an exemption from compulsory state pilotage requirements from the Alaska Board of Marine Pilots must be approved in advance by the Marine Pilot Coordinator and annually reviewed, revised, and approved by the Board of Marine Pilots; AS 08.62.180(c).

**PUBLIC INFORMATION:** Information provided with this application will be available to the public unless required to be kept confidential by state or federal law. In addition, current licensee information is available on the division's website at: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing.aspx> under License Search.

**BUSINESS LICENSES:** If you are self-employed or are practicing as a partnership, please contact Business Licensing at (907) 465-2550 or visit the website at [www.commerce.ak.us/occ](http://www.commerce.ak.us/occ). If the business is a corporation, limited liability company or limited liability partnership, contact the division for further instructions.

### PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$100.00</b>
	<input type="checkbox"/> Registration Fee	<b>\$500.00</b>

### PART II Business Information

Name of Vessel Agent for Registration:					
Business Mailing Address:		P.O. Box or Street	City	State	Zip
Business Name:			Contact Phone:		
<p><b>EMAIL AGREEMENT:</b> 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.</p>					
Email Address:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>					

**PART III** **Ownership Information**

Check the applicable box and provide complete names, percent of ownership and addresses of all owner(s), including all partners, corporate officers, or managing members, whichever is appropriate, and provide U.S. Social Security Numbers for sole proprietor or partners.

If listing is a corporation or partnership, please provide the names of each representative who will act on its behalf for the purpose of obtaining pilotage service.

**Sole Proprietorship**
     
  **Partnership**
     
  **Corporation**
     
  **Other**

**Alaska Entity Number:**

Full Name	Address	Social Security Number*	Date of Birth*

*\*Sole Proprietorship and Partners Only*



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**Notary Signature Page**

**PART IV Notarized Signature**

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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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 <i>(check all that apply)</i> :	<b>AMOUNT</b>
<input type="checkbox"/> Application Fee: _____	_____
<input type="checkbox"/> License or Renewal Fee: _____	_____
<input type="checkbox"/> Other <i>(name change, wall certificate, fine, duplicate license, exam, etc.)</i> :	
1. _____	_____
2. _____	_____
<b>TOTAL:</b>	_____

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)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>