



THE STATE of ALASKA

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

Board of Marine Pilots

PO Box 110806, Juneau AK 99811

(907) 465-2550

Email: BoardofMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots



Application for the Core Examination

Applications for examination must be received at least 60 days before the date of examination. The Core Examination is given on dates mutually agreeable by the board (and/or the Marine Pilot Coordinator) and the applicant. An application for the Core Examination will be considered for scheduling when the following have been submitted:

- 1. A completed application form. 12 AAC 56.25(c)(1)(A)
2. \$600.00 fee (examination fee of \$500.00 and an application fee of \$100.00). 12 AAC 02.240 [Checks should be made out to the State of Alaska.]
3. Documents substantiating one of the service requirements for AS 08.62.093(b)(1) – (5) OR current enrollment in a board approved deputy marine pilot apprenticeship program under 12 AAC 56.033.
4. Proof of U.S. citizenship. 08.62.093(a)(1) [Applicant's USCG license, passport or birth certificate may be utilized.]

Before the examination, the applicant must submit a full-size copy, including both sides, of the applicant's USCG license containing the federal pilotage endorsement required by 12 AAC 56.026(a)(2) for the pilotage region in which training will occur.

Please provide the following information:

Name: \_\_\_\_\_

Pilot Association Affiliation: \_\_\_\_\_

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.

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_
Street/PO Box City State Zip Code

Telephone: \_\_\_\_\_

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 Contact: \_\_\_\_\_

**Qualifications**

I have met the following provisions for one of the following AS 08.62.093(b):

- (1) one year of service as a master on ocean or coastwise vessels while holding a United States Coast Guard license as master of ocean steam or motor vessels of any gross tons; **OR**
- (2) two years of service as a master on United States Coast Guard inspected vessels of not less than 1,000 gross tons or tug and tow of not less than 1,600 combined gross tons while holding at least a United States Coast Guard license as master of steam or motor vessels of not more than 1,600 gross tons; **OR**
- (3) two years of services as a chief officer on ocean or coastwise vessels of not less than 1,600 gross tons while holding a United States Coast Guard license as master of ocean steam or motor vessels of any gross tons; **OR**
- (4) two years of service as commanding officer of United States commissioned vessels of not less than 1,600 gross tons and hold a United States Coast Guard license as master of ocean steam or motor vessels of any gross tons; **OR**
- (5) three years of experience as a member of a professional pilot’s organization, while holding at least a United States Coast Guard license as a master of steam or motor vessels of not have than 1,600 gross tons; **OR**
- (6) current enrollment in a board approved deputy marine pilot apprenticeship program of a professional pilot’s organization, under 12 AAC 56.033.

**Attachments**

- (1)  I have attached documents substantiating the above-noted requirements from AS 08.62.093(b); **OR**  
 Documents substantiating the above-noted requirements from AS 08.62.093(b) are already on file.
- (2)  I have attached a recent copy of my valid USCG license with endorsement as indicated below; **OR**  
 A copy of my valid USCG license with endorsement as indicated below is already on file.  
 First class pilotage without tonnage restrictions for at least one area within the pilot region in which the training will occur
- (3)  I have enclosed payment for \$600.00 to the State of Alaska.

**I certify the above is true and correct.**

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Signature of Applicant

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Date



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FOR DIVISION USE ONLY

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Department of Commerce, Community, and Economic Development  
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Phone: (907) 465-2550

## 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, wall certificate, 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)

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