



**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)

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## Regional Local Knowledge Examination & Deputy Marine Pilot License Application Instructions

“Complete” applications for examination must be received at least 60 days before the date of the scheduled examination. The Regional Local Knowledge Examination will be administered in conjunction with a board meeting.

***An application for the Regional Local Knowledge Examination and Deputy Marine Pilot license will be considered complete when the following have been submitted:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4357).

### 2. FEES

Fees made payable to “State of Alaska.”

Nonrefundable Application Fee: \$300.00

Exam Fee: \$500.00

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Total Fees Due: \$800.00

**Note:** The \$700 Deputy Marine Pilot license fee may be submitted after you have been notified of passing the exam.

### 3. PROOF OF COMPLETION OF TRAINING PROGRAM

A letter from a recognized pilot organization stating that the applicant has completed the organization’s approved training program.

### 4. EVALUATIONS OF TRAINING

All existing evaluations of the applicant's training in an approved training program with a recognized pilot organization. (Submit original documents only; we recommend you keep a copy for your records.)

### 5. CERTIFIED TRUE COPY OF VALID UNITED STATES COAST GUARD LICENSE WITH ENDORSEMENTS

A full-sized, certified true copy of both sides of the applicant's valid United States Coast Guard license, with radar endorsement and an endorsement of first-class pilotage without tonnage restrictions for the region in which training occurred.

### 6. UNITED STATES COAST GUARD LICENSED MASTER MARINERS REFERENCES

The names and addresses of three United States Coast Guard licensed master mariners who may be contacted for a recommendation attesting to the applicant's professional qualifications and good moral character. (#08-4357a). Alternatively, an applicant may also submit three written recommendations from licensed master mariners attesting to the applicant's professional qualifications and good moral character.

### 7. DOCUMENTATION OF EDUCATION, EMPLOYMENT, AND OTHER SPECIAL QUALIFICATIONS

Documentation of the applicant's education, employment record, and other special qualifications, including, if possible, copies of discharges, certificates, and letters.

### 8. CERTIFICATE OF NEGATIVE DRUG TEST

A certificate from a testing facility that complies with the requirements adopted in 12 AAC 56.940(b) showing a negative result on a test for illegal drug use conducted 60 days before the date of application.

**Note:** The testing facility must mail the drug test results directly to the Marine Pilot Coordinator.

### 9. CERTIFICATE OF COMPLETION OF A BRM-P COURSE

A certificate of successful completion of a BRM-P course of at least 16 hours based on standards established by the American Pilot’s Association or the United States Coast Guard.

**10. CERTIFICATE OF COMPLETION OF BRIDGE SIMULATOR OR MANNED-MODEL COURSE**

A certificate of successful completion of either a

- a) bridge simulator course that is region specific or emphasizes a pilot's proficiency; or
- b) manned-model course

**11. CERTIFICATE OF MEDICAL EXAMINATION**

A completed 'Certificate of Medical Examination' form as provided by the department and conducted within 60 days before the date of application. (#08-4560).

**12. CERTIFICATE OF COMPLETION OF PORT-SPECIFIC TRAINING BY SIMULATOR (SOUTHEAST ALASKA CANDIDATES ONLY)**

If a candidate for licensure in Southeast Alaska, provide a certificate of completion of port-specific training by simulator as described in the applicants regional training program (12 AAC 56.028(a)(5))

***In addition to submitting the documentation described above, the applicant must meet the following requirements:***

- Apply on a form provided by the department at least 60 days before the date of examination.
- Be of at least 25 years of age and is a U.S. citizen. (Acceptable proof may be documented on the applicant's certified copy of the USCG license.)
- All supervised movements are completed in accordance with 12 AAC 56.027 and 56.026.



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Division of Corporations, Business and Professional Licensing

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**Regional Local Knowledge Examination &  
Deputy Marine Pilot License Application**

**PART I Payment of Fees**

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$300.00</b>
	<input type="checkbox"/> Exam Fee	<b>\$500.00</b>

**PART II Personal Information**

Full Legal Name:			
Pilot Association Affiliation:			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<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.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:*	
I have passed the written core exam.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*AS 08.01.060 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 Attestations**

**Being first duly sworn upon oath, depose and say:** I make the following voluntary statement and no threats, promises, or any form of duress has been used to induce me to make this statement (12 AAC 56.025(a)(8)):

- Within the last five years, I have not been convicted of a felony.
- Within the last five years, I have not been convicted of any repeat minor offenses involving excessive use of alcohol.

**PART III Attestations (continued)**

- Within the last five years, I have not had a conviction involving the possession, use, or sale of drugs.
- Within the last five years, I have not had a marine or motor vehicle driver’s license revoked, suspended, or limited in any jurisdiction.
- To my knowledge, I am not currently under investigation or subject to a disciplinary proceeding by the U.S. Coast Guard.
- I am not currently under treatment for drug or alcohol abuse.

**PART IV Notarized Signature**

I, being duly sworn, declare that I am the person referred to in the foregoing application and that the information on the application and supplied in support of the application is true and accurate to the best of my knowledge.

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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**References [12 AAC 56.025(a)(6)]**

**Reference #1**

<b>Full Legal Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Home Phone:</b>		<b>Work Phone:</b>	

**Reference #2**

<b>Full Legal Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Home Phone:</b>		<b>Work Phone:</b>	

**Reference #3**

<b>Full Legal Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Home Phone:</b>		<b>Work Phone:</b>	



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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. [ ] Yes [ ] No

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. [ ] Yes [ ] No

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. [ ] Yes [ ] No

4. Use this space if you answered "yes" to any of the questions above. Attach a separate sheet if necessary. [Blank lines for response]

## Applicant Signature

I certify that all information given by me in connection with this examination is correct to the best of my knowledge and belief in accordance with 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2).

**Applicant Printed Name:**

**Applicant Signature:**

**Date Signed:**

### → 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Physician Signature

### 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:



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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, 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>	
1. Account Number: _____	All four fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Billing ZIP Code: _____	
4. Security Code: _____	