



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

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Marine Pilot or Deputy Marine Pilot License

Renewal Application (January 1, 2025 – December 31, 2026)

- Your license lapses after December 31, 2024. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or 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 (For licenses first issued on or before December 31, 2023)	\$700.00
	<input type="checkbox"/> Prorated License Renewal (For license first issued on or after January 1, 2024)	\$350.00

PART II Personal Information

Alaska License Number:	Not your badge number.		
Full Legal Name:			
Name change: <input type="checkbox"/>			
If you have had a legal name change since your last certification was issued, you must complete a <u>Change of Name</u> form.			
Mailing Address:	P.O. Box or Street	City	State Zip
Address change: <input type="checkbox"/>			
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 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 IV VLCC Pilots

Select ONE (1) 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 V License Qualifications per 12 AAC 56.080(c), (e), and (i)

Select ONE (1) 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 deputy marine pilot license for two complete calendar years, and I have engaged in piloting vessels subject to this chapter at least 120 days 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 an average of five days for each calendar month 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 marine pilot license for less than one complete calendar year.

PART VI 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, unless required to be kept confidential by state or federal law.

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 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 |
| 5. | Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a marine pilot in a competent, ethical and professional manner? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. | Do you use drugs or alcohol in any manner that impairs your ability to practice as a marine pilot competently and safely? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

"Yes" Answers

If you answered "yes" to questions 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 VII Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.62 and 12 AAC 56).



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Signature Page

Applicant Name:

PART VIII 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:

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 and sent to you. 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:

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 sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

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:

This program requires continuing education. The division will audit a percentage of license renewals. If selected for audit, you will be sent a letter with instructions for documenting proof of meeting the continuing competency requirements as you stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer chooses. You must save your documents for at least four years so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the 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 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional license is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

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. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.



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Professional Licensing

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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 generally considered public records, unless required to be kept confidential by state or federal 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. <i>Make copies as necessary.</i>			

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:		Program:	
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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		