



Board of Marine Pilots

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Application Instructions to Transfer A Marine Pilot License to Another Region & Take the Regional Local Knowledge Examination

12 AAC 56.034. A completed application must be received at least 60 days before the scheduled date of examination.

An application for transfer and to take the Regional Local Knowledge Examination will be considered complete when the following is on file:

1. APPLICATION

A signed, completed application (#08-4216).

2. FEES

Fees made payable to "State of Alaska."

Application Fee: \$300.00

Exam Fee: \$500.00

Total Fees Due: \$800.00

3. PROOF OF CURRENT LICENSE

Proof of current, active Marine Pilot License.

4. CERTIFIED COPY OF UNITED STATES COAST GUARD LICENSE WITH ENDORSEMENTS

A full-sized certified 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 pilotage region in which licensure is desired.

5. PROOF OF COMPLETION OF TRAINING PROGRAM

Proof of completion of requirements of the training program specified in 12 AAC 56.035(a)(3) for the pilotage region in which the applicant will transfer, including a letter from the recognized pilot organization stating that the applicant has completed the organization's approved training program (12 AAC 56.034(b)).



THE STATE
of **ALASKA**

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

MAR

FOR DIVISION USE ONLY

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**Application to Transfer A Marine Pilot License
to Another Region & Take the Regional Local Knowledge Examination**

PART I Payment of Fees

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

PART II Personal Information

| | | | |
|----------------------------------|--------------------|--------------------------------------|-----------|
| Full Legal Name: | | Current Marine Pilot License Number: | |
| Mailing Address: | P.O. Box or Street | City | State Zip |
| Contact Phone: | | Other Contact Phone Number: | |
| Request to Transfer From Region: | | Request to Transfer To Region: | |

PART III Attestations

- I understand I must submit a full-sized certified copy of both sides of my valid United States Coast Guard license, with radar endorsement and an endorsement of first-class pilotage without tonnage restrictions for the pilotage region in which licensure is desired.
- I understand I must submit proof of completion of the training program specified in 12 AAC 56.035(a)(3) for the pilotage region in which I am requesting transfer, including a letter from the recognized pilot organization stating that the applicant has completed the organization's approved training program (12 AAC 56.034(b)).

PART IV 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, 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 Printed Name: | | | |
| Applicant 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)

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

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.