



Board of Marine Pilots

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Regional Local Knowledge Examination & Deputy Marine Pilot License Application Instructions

- Applications for examination must be received at least 60 days before the date of the scheduled examination.
- A complete application (items 1-13 below) must be received 30 days before the examination.
- The Regional Local Knowledge Examination will be administered in conjunction with a board meeting.
- All supervised movements must be completed in accordance with 12 AAC 56.027 and 56.026.

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

All items must be received at least 60 days before the date of the scheduled examination:

1. APPLICATION

A completed application, signed and notarized (#08-4357, pages 1-3).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$300.00

Exam Fee: \$500.00

*License Fee: \$700.00

Total Fees Due: \$1500.00

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

Items must be received at least 30 days before the date of the scheduled examination:

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 keeping 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. U.S. CITIZENSHIP AND AGE REQUIREMENT

Documentation the applicant is at least 25 years of age and a U.S. citizen. USCG license, passport or birth certificate may be utilized.

7. 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 (form #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.

8. 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.

9. 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 not more than 90 days before the date of examination.

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

10. 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 Pilots Association or the United States Coast Guard.

11. 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

12. CERTIFICATE OF MEDICAL EXAMINATION

A completed Certificate of Medical Examination form (#08-4560) as provided by the department and conducted not more than 90 days before the date of examination.

13. 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)).

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. 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.

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, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. 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:

All information on the application will be available as 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.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

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.



THE STATE
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Department of Commerce, Community, and Economic Development
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"/> Application and Examination Fee (\$300 is Non-Refundable)	\$800.00
	<input type="checkbox"/> License Fee	\$700.00*

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

PART II Personal Information

Full Legal Name:			
Pilot Association Affiliation:			
Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you passed the written core exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
SOCIAL SECURITY NUMBER: 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 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).

PART IV Professional Fitness Questions – Within the Past 5 Years 12 AAC 56.025(a)(8)(A)

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.

- 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? Yes No

- 2. 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? Yes No

- 3. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes 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. Yes No
 - 3.a. If yes, did any convictions include any of the following as listed under 12 AAC 56.025(a)(8)(A)?
 - Repeat minor offenses involving excessive use of alcohol.
 - Offenses involving the possession, use, or sale of drugs.

PART V Professional Fitness Questions – Current 12 AAC 56.025(a)(8)(B)

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.

- 4. Are you currently under investigation by the U.S. Coast Guard or in any state? Yes 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? Yes No

- 6. Do you use drugs or alcohol in any manner that impairs your ability to practice as a marine pilot competently and safely? Yes 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.



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Notary Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VI Notarized Signature

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand 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	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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References

Provide 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 as stated in 12 AAC 56.025(a)(6). Alternatively, an applicant may also submit three written recommendations from licensed master mariners attesting to the applicant's professional qualifications and good moral character.

Reference #1

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

Reference #2

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

Reference #3

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



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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:		