



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](http://ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots)

**Very Large Crude Carrier (VLCC) Endorsement Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable VLCC Endorsement Fee	<b>\$100.00</b>
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**PART II Personal Information**

<b>Full Legal Name:</b>		<b>AK Marine Pilot License Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<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.			
<b>Email Address:</b>		<b>Select One:</b>	<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>			
<input type="checkbox"/> I understand I must submit documentation confirming I have met the requirements of 12 AAC 56.510 listed below.			

**Signature**

I hereby confirm I have met the requirements of 12 AAC 56.510. I certify the above information is true and correct.			
<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

**12 AAC 56.510. QUALIFICATIONS FOR VLCC LICENSE ENDORSEMENT**

- (a) An applicant for a VLCC endorsement must hold a valid marine pilot license and demonstrate special training or experience by documenting the following:
  - (1) round trips:
    - (A) 20 round trips on a VLCC class vessel as a pilot observer over a pilotage route; or
    - (B) 10 round trips on a VLCC class vessel as a pilot observer over a pilotage route and completion of a VLCC ship handling course at a facility approved by the board; and
  - (2) experience:
    - (A) at least 15 dockings and 15 undockings as a pilot on VLCC class vessels; or
    - (B) 365 days of experience as master of a VLCC class vessel and completion of a VLCC ship handling course at a facility approved by the board.
- (b) Under (a)(1) of this section, a round trip on a VLCC class vessel as a pilot observer must include two trip segments that either begin with an undocking or terminate with a docking. Dockings and undockings under (a)(1) of this section may be observed or actually performed by the applicant.



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PO Box 110806, Juneau, AK 99811  
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:			
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:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		