



2021 APPLICATION FOR STATE OF WASHINGTON MARINE PILOT EXAMINATION

Please indicate which district you are interested in:

☐ Grays Harbor District only ☐ Puget Sound District only ☐ Either District

DEMOGRAPHIC INFORMATION

Name _____
First Middle Last Maiden

Mailing Address _____

Date of Birth _____ U.S. Citizen: Yes ☐ No ☐ Social Security Number _____
(Required for background check)

Primary contact phone # _____ E-mail _____

Do you allow us to publish your email to other applicants for study group purposes? Yes ☐ No ☐

VOLUNTARY INFORMATION

Ethnicity: Select all that apply.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African-American
- ☐ Hispanic or Latino/a/x
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other – please specify: _____

Gender Identity: Select all that apply.

- ☐ Male
- ☐ Female
- ☐ Other – please specify: _____

Recruitment: How did you hear about the exam?

- ☐ Maritime Publication print/online ad
- ☐ Maritime Academy / Institute
- ☐ Maritime Union / Association—please specify: _____
- ☐ Board of Pilot Commissioners' website
- ☐ Friend / Word of Mouth/ Current Pilot
- ☐ Social Media—please specify: _____
- ☐ Women Offshore online ad
- ☐ Other - please specify: _____

EMPLOYMENT HISTORY – Most recent six years (Use additional sheets if necessary)

Present Employer _____
Company Name Address

Hire Date Immediate Supervisor Phone number

Previous Employer _____
Company Name Address

From _____ to _____
Employment Dates (mo/yr) Immediate Supervisor Phone number Reason for Leaving

Previous Employer _____
Company Name Address

From _____ to _____
Employment Dates (mo/yr) Immediate Supervisor Phone number Reason for Leaving

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From _____ to _____
Employment Dates (mo/yr) Immediate Supervisor Phone number Reason for Leaving

REFERENCE INSTRUCTIONS

Submit (3) three letters of reference from either: your current employer or supervisor, a previous employer or supervisor, professional colleagues, or peers.

ADDITIONAL QUESTIONS

Have you been convicted of any offense involving drugs or the personal consumption of alcohol in the 12 months prior to the date of this application?

No ☐ Yes ☐ Please detail, including date(s): _____

Have you ever been directly involved in a marine incident resulting in a US Coast Guard investigation?

No ☐ Yes ☐ Please detail, including date(s). _____

Have you ever had an action taken against your US Coast Guard License?

No ☐ Yes ☐ Please detail, including date(s). _____

CHECK LIST

- ☐ **Attach copies of documented sea-service time and experience.**
- ☐ **Attach a complete copy (all pages) of valid US Coast Guard license.**
- ☐ **Attach letters of reference, see Reference Instructions.**
- ☐ **Attach a check or money order for \$400 made payable to Washington State Treasurer.**

SIGNATURE

Willful misrepresentation of such required information by a pilot applicant shall result in disqualification of the applicant.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I further authorize the above-listed employers to release any relevant information requested by the Board as part of this application process. I also give permission to the Board to do a background check as necessary to verify any information stated in this application and attached documents.

Print Name

Sign Name

Date

MAIL COMPLETED APPLICATION, WITH ORIGINAL SIGNATURE AND ALL ATTACHMENTS TO:

Board of Pilotage Commissioners
2901 Third Avenue, Suite 500
Seattle, WA 98121

Application must be postmarked by: **March 1, 2021**

ELECTRONIC OR FAXED SUBMISSIONS WILL NOT BE CONSIDERED VALID