



## 2018 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* \_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_  
City State Zip Code

Date of Birth \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_ No \_\_\_\_ Washington State Resident: Yes \_\_\_\_ No \_\_\_\_

Social Security Number \_\_\_\_\_ Primary contact phone # \_\_\_\_\_  
(Required for background check)

E-mail \_\_\_\_\_

**VOLUNTARY:** Gender: M \_\_\_\_ F \_\_\_\_ Ethnicity: \_\_\_\_\_

How did you hear about the exam? \_\_\_\_\_

### **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

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 convicted of a felony or misdemeanor?

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 a marine or motor vehicle driver's license revoked or suspended or limited in any jurisdiction?

No \_\_\_\_ Yes \_\_\_\_ Please detail, including date(s) \_\_\_\_\_

Have you ever had an action taken against your U. S. 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 U S Coast Guard license with current radar, and any Grays Harbor or Puget Sound pilotage endorsements.**

\_\_\_\_\_ **Attach letters of reference, see Reference Instructions.**

\_\_\_\_\_ **Attach a check for \$400 (nonrefundable) made payable to Washington State Treasurer.**

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 OR DELIVER COMPLETED APPLICATION, WITH ORIGINAL SIGNATURE AND ALL ATTACHMENTS TO:**

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

**ELECTRONIC OR FAXED SUBMISSIONS  
WILL NOT BE CONSIDERED VALID**

For Agency use only.