



**STATE OF CONNECTICUT** Approved By \_\_\_\_\_  
 DEPARTMENT OF TRANSPORTATION  
**Pilot License Renewal Application**



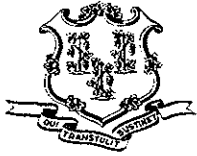
1. Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_
2. SSN \_\_\_\_\_
3. Birth Date \_\_\_\_\_
4. Phone No. \_\_\_\_\_
5. Email Address \_\_\_\_\_
6. Cell Phone \_\_\_\_\_
  
7. Coast Guard License /Merchant Mariner Credential Document Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_
  
8. Please attach and/or ensure we have on file the following:
  - Surety Bond in the amount of \$1,000.00 in the name of the "Treasurer, State of Connecticut". Expiration Date \_\_\_\_\_
  - Completed Annual Physical Examination Form - Enclose forms/ supporting documents (i.e. pilot ladder supplement) completed by a licensed Physician/ Physician's Assistant indicating that you are in good health, meet minimum physical standards and do not have any physical impairment or medical condition that could render you unable to perform the duties of a licensed pilot.
  - Chemical Drug Screening - Enclose copy of current letter or certificate signifying compliance with Federal drug testing regulations (46 CFR Part 16).
  - Trip Certification Letters/Forms - Provide copies of Pilot of Record/Pilot Observer forms validating recency in waters authorized by current license.
  
9. Enclosed License Fee: Check for one year in the amount of \$105.48 made payable to Treasurer, State of Connecticut.
  
10. Have you been charged with any misconduct, negligence or inattention to duty during the past three (03) years while piloting under the authority of a State or Federal Pilot License?  
 Have \_\_\_\_\_ Have Not \_\_\_\_\_ (If **Have**, explain on back of application.)
  
11. Have you submitted all required Quarterly Reports of Pilot activities for past year?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, enclose reports with Application.)
  
12. Pilot Association affiliation:
 

Name _____	Position held _____
Street Address _____	Number of years a member _____
City/State/Zip _____	
  
13. License Requested: (Request cannot exceed First Class Pilot endorsement on current Coast Guard license/ Merchant Mariner Credential.)

Bridgeport \_\_\_\_\_ New Haven \_\_\_\_\_ New London \_\_\_\_\_  
 Thames River to Allyn Point \_\_\_\_\_ CT Waters of Long Island Sound \_\_\_\_\_

**I certify that all statements made on this application are true and accurate.**  
 (CGS Sec 53a-157b)

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_



# STATE OF CONNECTICUT

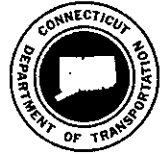
DEPARTMENT OF TRANSPORTATION

State Maritime Office

State Pier, New London, CT 06320

(860) 443-3856

FAX (860) 437-7251



## SUPPLEMENTAL MEDICAL EXAMINATION INFORMATION

The patient who is applying to you for physical examination is an applicant for renewal of a state marine pilot license in the ports and waters of the State of Connecticut. A requirement for license renewal under State Pilotage Regulations (Section 15-15a-10b) is that the applicant document that a licensed physician has examined him/her using criteria that takes into account the physical demands imposed in climbing a 30 foot pilot ladder, and considers the applicant sufficiently fit to perform that activity.

Implicitly, the applicant must have sufficient agility, stamina and endurance to board ships at sea including the open waters of Block Island and Long Island Sound in varying degrees of weather from a small pilot boat and be capable of climbing ladders (stairs) occasionally in the order of six or more flights (stories) to reach the ship's pilot house (bridge)

Considering Section 15-15a-10 of the State Pilotage Regulations and the duties and physical requirements of a state licensed marine pilot as outlined above, do you consider the applicant Qualified \_\_\_\_\_ Not Qualified \_\_\_\_\_

**I certify that all statements made on this application are true and accurate.**  
(CGS Sec 53a-157b)

Physician's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature : \_\_\_\_\_

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Comments:

## **Connecticut General Statute**

### **Sec. 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree:**

**Class A misdemeanor.** (a) A person is guilty of false statement in the second degree when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function.

(b) False statement in the second degree is a class A misdemeanor.

## **Connecticut State Agency Regulations**

### **Sec. 15-15a-10. Physical examination**

(a) All applicants for a state pilot's license shall furnish a medical certificate of examination in support of such application to show they have been examined and approved by a licensed physician for the performance of duties as a pilot.

(b) Pilots renewing their license January 1 of each year valid for one year shall furnish a medical certificate to show they have been examined and approved by a licensed physician for the performance of duties as a pilot. A copy of the certificate shall be presented yearly as part of the renewal application and for request of license.

(c) This medical certificate shall note that the examination covered the use of controlled substances or dangerous drugs.

(d) Physical exams shall include and certify, and the medical certificate shall document, the applicant's ability to climb a thirty (30) foot ladder.

(e) Physical exams shall include a vision test conducted by a licensed physician not more than six (6) months prior to the application. The medical certificate shall include documentation to show that the applicant has a minimum of 20/30 corrected in each eye and is not color blind.

(Effective November 12, 1991; amended January 3, 2011)