1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Coast Guard License /Merchant Mariner Credential Document Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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.
1. Enclosed License Fee: Check for one year in the amount of $105.48 made payable to Connecticut Port Authority.
2. 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.)
3. Have you submitted all required Quarterly Reports of Pilot activities for past year?
 Yes \_\_\_\_ No \_\_\_\_ (If no, enclose reports with Application.)
4. Pilot Association affiliation:
 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years a member \_\_\_\_\_\_\_\_\_\_
 City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Instructions:**

**Connecticut Port Authority**

**455 Boston Post Road**

**Suite 204**

**Old Saybrook, CT 06475**