

QVWUKFWLRQV

Please complete the application in full. All incomplete applications will be rejected by the Board of Pilots. All completed applications and accompanying submissions will be kept on file in an active status for two years following the December 1 cutoff date. The applicant must notify the Board of any changes of address or contact information during this period. The applicant is encouraged to keep his or her application up to date in terms of any changes in employment or upgrades to their MMC Credentials by submitting this documentation to the Board before the application cutoff date.

The cutoff date for the applications is December 1. All applications or documents received after this date will not be accepted.

All applicants not selected for employment must submit a new application to the Board of Pilots after each two-year interview cycle. The Board will maintain copies of transcripts for future applications. To aid in the location of the records please answer the following:

Have you previously applied to the Maryland Board? YES or NO

YES NO
 YES NO YES NO
 YES NO YES NO

SSOLEFDWLRQDORFQGHWKHROORJLWLDOWKHLWHPDFQGHG RWWRBHHDFQGHG

- &KHFNURQH2UGHU
- &RPSOHWHGSSOLEFDWLRQRUPV
- 00&UHGHQWLDOV
- DOLG6&DHGLEFDORHUWTLFDWH

LRWH The Board may require additional physical examinations prior to applicants being hired.

Official Transcripts if applicable. ÖATE Üe~usted:

Note: Send directly to the above address or electronically to dloplpilots-labor@maryland.gov

\$GGLWLRQDOZSWLRQDORFXPHQWV5HVXPHHWHFRBPHQGDWLRQSZDUGVHWF

Initial the above items to ensure they are included. Incomplete applications will not be accepted.

LAST NAME:	FIRST NAME:	MIDDLE NAME:

The application fee is **\$25.00** and is non-refundable. **DO NOT SEND CASH**
Make checks payable to: MD Board of Pilots

DO NOT WRITE IN THIS SPACE

DATE RECEIVED: _____

FEE \$: _____

REG Number: _____

Section I. Personal

LAST NAME:		FIRST NAME:		MIDDLE:
ADDRESS: (NUMBER & STREET)				
CITY:		STATE:		ZIP CODE
HOME TELEPHONE:	CELL PHONE:		EMAIL ADDRESS:	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:		PLACE OF BIRTH:	

Section II. Education - List the names of any maritime or other academic institutions attended. Official transcripts for all undergraduate and post graduate courses must be sent directly to the Board from the institution.

SCHOOL	DATE ATTENDED	GRAD DATE	DEGREE AWARDED, IF ANY
1.			
2.			
3.			

Section III. Licenses- List and attach a copy of all current maritime credentials

TYPE	DATE OF EXPIRATION
1.	
2.	
3.	
4.	
5.	

Section IV. Maritime Experience

FULL NAME AND ADDRESS OF EMPLOYER	DATE OF EMPLOYMENT	POSITION HEALD/NAME OF VESSEL
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Section V. References - List at least 5 references, 3 of which must be maritime references.

Name	Email Address	Contact #	Relationship
1.			
2.			
3.			
4.			
5.			

Section VI. Conduct Questions

All questions MUST be answered.	YES	NO
1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? If yes, submit a written explanation to the Board, include a true test copy from the court.		
2. Have you ever had this type of application denied		
3. Have you ever had your maritime credentials revoked or suspended? If you answered yes to question 2 or 3, submit a written explanation to the Board		

Section VII. Public Information Act

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collection of personal information.

Personal information requested by the licensing agency of the Department is necessary in determining eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect their personal record and to amend or correct the personal data if necessary.

Personal information is generally available to the public only in accordance with the Public Information Act. Personal information is not routinely shared with state, federal, or local governmental agencies.

Section VIII. Certification

1. IF SELECTED, I HEREBY AGREE:
 - To participate in a U.S. Coast Guard approved random drug testing program; and
 - To participate in any mental or physical examination that the Board requires to verify that I am mentally and physically capable of providing pilotage.

2. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided payment in a satisfactory manner to the unit responsible for collection.

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Signature of Applicant

Date

THE APPLICATION FEE OF \$25.00 MUST BE REMITTED WITH THIS FORM