

## WAIVER APPLICATION FORM – PLEASURE CRAFT

VESSEL PARTICULARS								
Name of Vessel								
Port of Registry	Owner(s)							
Tort of Registry	Owner(3)							
Local Agent	Draft		Length		Breadth			
Vessel GRT Tonnage	MMSI							
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Radio Call Sign	Vessel Re	Vessel Registration Number						
Systems Functioning Navigation	Communi	cation		Mechanical				
Do persons having conduct of vessel have knowledge of the Canadian Coast Guard								
"Radio Aids to Marine Navigation"?					Yes	No		
Do persons having conduct of vessel have knowledge of Canadian Modifications								
to the International Rules of the Road, particularly Rule 9(k)?					Yes	No		
Do you have on board all necessary and up to date?	Charts	Yes	No	Publications	s Yes	No		

DETAILED ROUTING OF VESSEL					
Plan of Passage	Date of Travel	Distances & times to be travelled per day			
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DECK WATCH OFFICERS							
Name	CND #: Certificate Type:	Expiry Date	Fluent in English: Yes No				
Describe experience in B.C. coastal waters:							
Routes covered:							
Name	CND #: Certificate Type:	Expiry Date	Fluent in English: Yes No				
Describe experience in B.C. coa	astal waters:						
Routes covered:							

## Please take note of the following important requirements:

- 1. You must also provide to the Pacific Pilotage Authority:
  - a. Written confirmation that the vessel is insured with both Hull and P&I underwriters.
  - b. A letter of subrogation from the vessel's underwriters.
  - c. A letter of indemnity from the vessel owner.
  - d. A sea time submission (including testimonials) for deck officers named above.
- 2. Any alteration in the above referenced routing of the vessel must be reported to and approved by the Pacific Pilotage Authority in advance.
- 3. You must report any marine occurrence involving your vessel while operating in compulsory pilotage waters to the Minister and the Pacific Pilotage Authority. Failure to do so could result in a fine as per the *Pilotage Act*, Section 48 and *General Pilotage Regulations*, Section 25.28.

The undersigned Owner (or Master, on Owner's behalf) hereby certifies that the information set out above is complete and accurate.

## OWNER/MASTER'S SIGNATURE:

DATE:

## Statement of Experience

By signing above, you also confirm that the deck watch officers named above have the required experience in B.C. waters as per Section 25.10 (3) of the *General Pilotage Regulations*.