

State of Florida
Department of Business and Professional Regulation
Board of Pilot Commissioners
Application for Harbor Pilot Examination
Form # DBPR BOPC 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Deputy Pilot Certificate by Examination	<ul style="list-style-type: none"> <input type="checkbox"/> Submit a non-refundable fee in the amount of \$200 per port. (Make check payable to Department of Business and Professional Regulation.) <input type="checkbox"/> Submit a copy of your high school diploma, GED or college diploma. <input type="checkbox"/> Submit a Merchant Mariner Physical Examination Report which was administered by a licensed physician within the preceding 6 months. <input type="checkbox"/> Submit documentation verifying that the applicant has been subject to a random drug testing program within the past 6 months. <input type="checkbox"/> Submit a copy of your United States Coast Guard license with all current licenses/endorsements. <input type="checkbox"/> Submit a copy of your birth certificate or other legal proof of age. Applicant must be at least 21 years of age.
Cross-Licensed Deputy Pilot Certificate by Examination	<ul style="list-style-type: none"> <input type="checkbox"/> Submit a non-refundable fee in the amount of \$200 per port. (Make check payable to Department of Business and Professional Regulation.) <input type="checkbox"/> Submit a copy of your United States Coast Guard license with all current licenses/endorsements. <input type="checkbox"/> Submit a copy of your birth certificate or other legal proof of age. Applicant must be at least 21 years of age.
State Pilot License by Examination	<ul style="list-style-type: none"> <input type="checkbox"/> Submit a non-refundable fee in the amount of \$200. (Make check payable to Department Business and Professional Regulation.) <input type="checkbox"/> Submit a copy of your United States Coast Guard license with all current licenses/endorsements. <input type="checkbox"/> Submit a copy of your birth certificate or other legal proof of age. Applicant must be at least 21 years of age.

Please mail your completed application, documentation and required fee(s) to:
 Department of Business and Professional Regulation/Board of Pilot Commissioners
 P.O Box 5377
 Tallahassee, FL 32314-5377

NOTE:

The Department will only accept applications for Deputy Pilots when there is a declared opening. Please check the DBPR website at <http://www.myfloridalicense.com/DBPR/harbor-pilots/hot-topics/> for current openings before submitting your application.

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. Application Instructions (by section)

- a. Section I- Application Type
 - i. Check only one of the application types.
 - ii. Provide the port area for which you are applying to take the examination.
- b. Section II- Applicant Information
 - i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - ii. In the "FULL LEGAL NAME" section, provide your full legal name as it appears on your Social Security card. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
 - iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - v. Additional contact information is optional and will be used when the applicant cannot be reached using their primary contact information.
 - vi. Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
 - vii. Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c. Section III – Pilot License or Endorsement
 - i. Provide copies of any pilot license you currently hold, if any, including any U.S. Coast Guard license or endorsement. Please provide a copy of the front and back.
- d. Section IV – Background Information
 - i. Answer each question completely. Provide copies of your high school diploma, college diploma or GED.
- e. Section V (a), (b), and (c)- Background Questions
 - i. Applicants must submit answers to each of the background questions.
 - ii. Question 1:
 - (1) If you answer "yes" to this question, you must complete Section V (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.**
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
 - iii. Question 2:
 - (1) If you answer "yes" to this question, you must complete Section V (b) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
 - iv. Question 3:
 - (1) If you answer "yes" to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
 - v. Question 4:
 - (1) If you answer "yes" to this question, you must complete Section V (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- f. Section VI- Maritime Experience – **For Deputy Pilot Certification Only**

- i. Please review the requirements for the Maritime Experience listed below. Submit documentation regarding your experience through discharge, continuous discharge books, or other official documents.
- g. Section VII – Affirmation by Written Declaration
 - i. Please read and sign the affirmation by written declaration.
 - ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

MARITIME EXPERIENCE REQUIRED FOR DEPUTY PILOT
Submit full documentation of sea time through discharges, continuous discharge books, or other official documents. Applicant must have at least 2 years of experience (600 days) in either total or combination of the following. No combination amount may be less than 60 days; 1 year equals 300 days.
Within the past 5 years, at least 2 years of service at sea, 1 year in at least the capacity of an unlimited second mate.
Within the past 5 years, at least 2 years of service in a deepwater US port as an active first-class unlimited pilot serving on at least an unlimited second mate’s license or a license as master of freight and towing vessel of at least 1,600 GRT upon oceans, and acting under authority of a duly constituted governmental regulatory entity.
Within the past 5 years, at least 2 years of service as an active first-class unlimited pilot serving on a Great Lakes unlimited master’s license.
Within the past 5 years, at least 2 years of service as a master of a tugboat/barge combination of at least 5,000 GRT, combined tonnage, while holding a license as master of freight and towing vessel of at least 1,600 GRT upon oceans.
Within the past 10 years, at least 3 years of service as a deck watch officer, 1 year of which in the 5 year period preceding examination must have been as the commanding officer, executive officer, or operations officer of a USN vessel or a USCG vessel of at least 1,600 GT and must currently hold a USCG license of at least an unlimited second mate.

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For additional information see the Instructions at the beginning of this application.

Section I - Application Type

CHECK ONE OF THE APPLICATION TYPES
<input type="checkbox"/> Deputy Pilot Certificate by Examination [2301/1010]
<input type="checkbox"/> Cross-Licensed Deputy Pilot Certificate by Examination [2301/1012]
<input type="checkbox"/> State Pilot License by Examination [2302/1010]
Port area you are requesting examination for:

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/Ethnicity (check only one):			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American or Alaskan Native	
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Spanish, Hispanic or Latino	<input type="checkbox"/> Other	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number		Primary E-Mail Address	
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III – Pilot License or Endorsement

PILOT LICENSE OR ENDORSEMENT
List below all (if any) pilot licenses, certificates or endorsements you hold. Provide a copy (front and back) of each one listed, including U. S. Coast Guard or endorsement.

Section IV – Background Information

BACKGROUND INFORMATION		
Are you addicted to the use of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever taken an examination for a Deputy Pilot position in Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the date, the port and your overall score.		
Date:	Overall Score:	Port:
Date:	Overall Score:	Port:
Date:	Overall Score:	Port:

Section V (a) – Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section V (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section V (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section V (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to any question in questions 1-4 above, please refer to Section V of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section V (b) for your response to questions 1 and 2, and complete Section V (c) for your response to questions 3 and 4. If you have more than two offenses to document in Section V (b), or more than one offense to document in Section V(c), attach additional pages as necessary.

Section V (b) – Explanation(s) for Background Questions 1 and 2

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section V (b) – Explanation(s) for Background Questions 1 and 2- continued

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section V (c) – Explanation(s) for Background Questions 3 and 4

EXPLANATION	
State/Jurisdiction	Application Type/License Number

