

APPLICATION FOR PILOT EXEMPTION CERTIFICATE (PEC)

according to the Swedish Transport Agency's Regulations and General Advice (TSFS 2017:88) on Pilotage

New application		Renewal of PEC No:		Supplement to PEC No:			
APPLICANT:							
Surname			First name		Date of B	Date of Birth (yyyy-mm-dd)	
Nationality			Nautical Competence Certificate (enclose)		Valid to	Valid to	
Position onboard			Special Competence Certificates (enclose)		Valid to	Valid to	
VESSELS INCLUDED IN THE APPLIC Name of the vessel	CATION:	Call sign	Type of Vessel	Maximum length (m)	Maximum width (m)	Draft (m) (Summer - SW)	
PILOT ROUTE OR OTHER ROUTE:	NB: <i>F</i>	Additional information	for each vessel to be enclos	ed in the form "Safety /	Assessment Do	ocumentation"	
			Date				
RECEIVER OF THE PROCESSED AP Name and Address	PLICATIO	N (home adress,	shipowner or agency):				
Telephone		E-mail					
RECEIVER OF THE INVOICE (address	s to shipov	vner, agent or oth	er contact):				
Name and Address				Corporate identity n	number		
If an	olication i	s not send by e-r	nail, please use the foll	owing adress:			

Swedish Transport Agency, Civil Aviation and Maritime, S-601 73 Norrköping, Sweden

Visiting address e-mail for applications: Telephone

SF LD 1 (eng) 2017:88