



APPLICATION FOR RENEWAL OF PEC NUMBER _____

The criteria for reinstatement of an expired PEC will be as for a new application

It is the responsibility of the PEC Holder to ensure that a fully completed application for renewal is received no later than 2 weeks before the expiry date of the PEC accompanied by a record of a minimum of 6 PEC usages through each PEC Area together with a copy of the applicant's CoC and valid Medical Certificate. The applicant must nominate the vessel(s) and berth(s) for which the PEC will be reissued

PEC 'A' Renewal: **ANNUAL** or **5 YEARLY**

Personal Details	
Title	
Surname	
Forename + Initials	
Home Address	
Telephone Number	
Email	

Certificates	
*Certificate of Competency No.	
CoC Expiry Date	
Or *Boatmaster Licence No.	
*Medical Certificate Expiry Date	

*Please attach copies

Operator/Agent's Details:	
Company name	
Company Address	
Telephone Number	
Email	

Which PEC Areas are you applying for to revalidate? <i>(Please tick relevant box)</i>						
1	2	3	4	5	Barrier	Tilbury Lock
Minimum requirement to retain Specified Berths – 2 Visits annually						
Specified Berth					Date Visited	

All Areas will be reassessed at the due date of the first PEC Area held – this date will become the due date for the renewal/reassessment for all the PEC Areas held.



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For Renewal: Minimum of 6 PEC Usages/Trips - Per Area	
Area 1	
Date 1	Date 2
Date 3	Date 4
Date 5	Date 6
Area 2	
Date 1	Date 2
Date 3	Date 4
Date 5	Date 6
Area 3	
Date 1	Date 2
Date 3	Date 4
Date 5	Date 6
Area 4	
Date 1	Date 2
Date 3	Date 4
Date 5	Date 6
Area 5	
Date 1	Date 2
Date 3	Date 4
Date 5	Date 6
Barrier <input type="checkbox"/> Tilbury Lock <input type="checkbox"/>	
Date 1	Date 2
Date 3	Date 4
Date 5	Date 6

Is a Tug Endorsement held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>To retain Tug Endorsement: Minimum 2 PEC usages with tugs during 12 months prior (For 5-yearly renewals – Assessment must be undertaken with tug assistance + 1 Day Simulation – booked via the Pilotage Support Officer).</i>	
Date 1:	Date 2:
For 5-Yearly Renewal Only: Simulator Date:	

Specified Vessel(s) - Maximum 6	
Vessel Name 1:	Vessel Name 2:
Vessel Name 3:	Vessel Name 4:
Vessel Name 5:	Vessel Name 6:

<i>I declare that the above information is correct, and that I understand the terms under which the Pilotage Exemption Certificate will be issued (Pilotage Directions and Regulations as published).</i>	
Applicant's Signature:	Date:

Additional Notes (if relevant)