

2021 PILOT-IN-TRAINING APPLICATION

Instructions

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 31 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 31, 2021. 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 records please answer the following:

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

APPLICATIONS RECEIVED AFTER DECEMBER 31, 2021.WILL NOT BE ACCEPTED.

THE APPLICATION FEE IS \$25.00 AND MUST BE SUBMITTED WITH THE APPLICATION. DO NOT SEND CASH. CHECK OR MONEY ORDERS ONLY

Applications **MUST** include the following (Initial the items included or to be included):

Check or Money Order (\$25.00)

Completed Application Forms

MMC Credentials

Valid USCG Medical Certificate

Note: The Board may require addition physical examinations prior to applicants being hired.

Official Transcripts, if applicable. DATE Requested: _____

Note: Send directly to the above address or electronically to

Additional Optional Documents (Resume, Letters of Recommendation, Awards, etc.)

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

Last Name: _____ First Name _____ Middle _____



The application fee is \$25.00 and is non-refundable.
DO NOT SEND CASH
Make checks payable to: MD DOL - PILOTS

DO NOT WRITE IN THIS SPACE

DATE RECEIVED _____

FEE \$ _____

REG Number _____

Section I. Personal Information

Last Name: _____ First Name _____ Middle _____

Address: _____
Number & Street

City _____ State _____ Zip Code _____

Home Telephone _____ Cell Phone _____ Email address _____

Date of Birth _____ Place of Birth _____ Social Security Number _____

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.

Table with 4 columns: School, Dates attended, Grad. Date, Degree Awarded, if any. Contains 3 rows of input fields.

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

Table with 2 columns: Type, Date of expiration. Contains 5 rows of input fields.

Section IV. Maritime Experience

Full Name and address of employer	Dates of Emp.	Positon held/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 Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Section VI. Conduct Questions

All questions MUST be answered.

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? Yes ___ No ___

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? Yes ___ No ___
3. Have you ever had your maritime credentials revoked or suspended? Yes ___ No ___

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 for payment in a manner satisfactory to the unit responsible for collection.

Signature of applicant _____

Date _____

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