##### Application for Pilot Exemption Certificate

Use CAPITAL letters

|  |  |  |
| --- | --- | --- |
| **Surname:** | | |
| **Name(s):** | | |
| **Address: Postal code, city:** | | |
| **Date of birth:** **Phone no.:** | | |
| **Email:** | | |
| **Name of ship:** | |  |
| **Size of ship:** | |  |
| **Type of vessel:** | **Merchant ship:** □ | **Fishing vessel** □ |
| **If dangerous goods, type:** | **Marpol Annex I** □  **Marpol Annex II** □ | **Other:** |
| **Port(s) applied for:** | | |

**Renewal First time application**

**These documents must be attached:**

|  |  |  |
| --- | --- | --- |
|  |  | **Check** |
| 1. | Copy of certificate of competency | □ |
| 2. | Documentation proving that the person has sailed into the harbour in question at least 3 times in the last 12 months with relevant type of ship and – size. | □ |
| 3. | Passport photo, no older than 2 years – write name on the back | □ |
| 4. | Receipt for payment of DKK 1175,- | □ |

Tape passport photo here

35 x 45 mm

I declare under criminal liability that the information above is correct and the attached information is correct.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_

Signature (centred)

I hereby allow the Faroese Maritime Authorities to collect information relevant for this application yes no

Payment

We attend to the application when we have received a receipt for the payment together with the application and attached documents.

The cost is DKK 1175,-.

**Account no.: 6460-425.451.3**

BIC/SWIFT: FIFBFOTX

IBAN: FO 89 6460 0004 2545 13

**Send application to:**

Sjóvinnustýrið

Postboks 26

FO - 375 Miðvágur

Mark the envelope “**Pilot Exemption Certificate”**.

If the application is sent via email to [fma@fma.fo](mailto:fma@fma.fo), please send the passport photo as a jpg file.