

BOARD OF PILOT COMMISSIONERS FOR HARRIS COUNTY PORTS

Application for Deputy Branch Pilot

***Forms must be typed* - Revised 2/17/2015**

Name: _____

Current Address: _____

Street Address

City

State

Zip Code

Phone Number

Mailing Address: _____

Street Address

City

State

Zip Code

Phone Number

Age: _____ Date Of Birth: _____ SSN: _____ Driver License No.: _____
 Month/Day/Year State, Number

CITIZENSHIP / RESIDENCY

U.S. Citizen Yes No (Please Select One)

HAVE YOU RESIDED IN THE STATE OF TEXAS FOR A CONTINUOUS PERIOD OF NOT LESS THAN ONE YEAR?

Yes No (Please Select One)

DATE PERIOD OF CONTINUOUS RESIDENCE BEGAN: _____

EDUCATION

Highest Grade Completed

Grade School
 1 2 3 4 5 6 7 8

High School
 1 2 3 4

Did you graduate?
 Yes No

University or College Did you graduate?
 1 2 3 4 Yes No

Graduate School
 1 2 3 4

Did you graduate?
 Yes No

School Name	Location	Course/Degree	Dates Attended

Name:

COAST GUARD LICENSE

Note: Applicants are required to verify an Unlimited Deck Officers License unlimited radar endorsement with (6) six years sea-going experience or 1,600 GT License unlimited radar endorsement with (6) years inland operating experience. (see Pilot Board Rules and Regulations Governing Pilots and Pilotage for Harris County Ports).

Applicants must verify at least 18 months experience as master, mate, quartermaster, wheelsman, able seaman, apprentice pilot, or in an equivalent capacity, standing regular watches at the wheel or in the pilothouse as part of routine duties on vessels of 1,600 GT or more. For purposes of this "vessels of 1,600 GT or more" includes towing vessels where the combined tonnage of the towing vessel and vessels being towed is greater than 1,600 GT. (see 46 CFR 11.711).

In addition, at least 3 months of service within the last 3 years on vessels of 1,600 GT or more. (see 46 CFR 11.201).

Applicants from local harbor assist tugs must verify at least (1,350-8hr) or (900-12hr) days of service in the deck department standing regular watches at the wheel or in the pilothouse as part of your routine duties operating on the Houston Ship Channel, with at least (720-8hr) or (480-12hr) days in the capacity of master or mate. (see SECHOUGALVINST 16721, dated 11/28/12). In addition, at least (90-8hr) or (60-12hr) days of service on vessels over 100 GT within 3 years immediately precedes application. (see SECHOUGAL VINST 16721, dated 11/28/12).

WHAT US COAST GUARD LICENSE DO YOU HOLD? ATTACH PHOTOCOPY FRONT/BACK

HAS THE COAST GUARD OR OTHER APPROPRIATE BODY EVER TAKEN ANY PROCEEDING AGAINST YOUR LICENSE? PLEASE INDICATE FINDINGS DETERMINED BY APPROPRIATE BODIES. (APPLICANTS FOR BRANCH PILOT RENEWALS MAY LIMIT HISTORY OF INCIDENTS TO THE PREVIOUS FOUR YEARS.)

Yes No IF YES, EXPLAIN (PLEASE INCLUDE DATES):

Name:

PHYSICIAN'S EXAMINATION

A CURRENT REPORT OF A PHYSICIAN'S PHYSICAL EXAMINATION MUST BE INCLUDED WITH THE APPLICATION.
[CG 719K FORM MERCHANT MARINER CREDENTIAL MEDICAL EVALUATION REPORT](#)

RELATIONSHIP TO OTHER HOUSTON PILOTS

ARE YOU RELATED BY BLOOD OR BY MARRIAGE TO OTHER HOUSTON PILOTS?
IF YES, LIST NAME AND RELATIONSHIP.

Yes No

PERSONAL REFERENCES

LIST THREE PERSONS (NOT RELATED TO YOU) WHOM YOU HAVE KNOWN FOR FIVE YEARS OR LONGER AND HAVE DEFINITE KNOWLEDGE OF YOUR CHARACTER AND FITNESS

NAME	ADDRESS	CURRENT PHONE No.	PROFESSION

Name:

CRIMINAL RECORD

Note: The Application Review Committee looks highly unfavorably upon drug and alcohol incidents/usage when evaluating the "good moral character" standard.

HAVE YOU EVER BEEN CONVICTED IN A CRIMINAL PROCEEDING (EXCLUDING TRAFFIC VIOLATION), PLACED ON PROBATION, REQUIRED TO PERFORM COMMUNITY SERVICE, OR HAD A CRIMINAL PROCEEDING DISPOSED OF BY PRE-TRIAL DIVERSION, DEFERRED PROSECUTION, DEFERRED ADJUDICATION, OR SOME SIMILAR PROCEEDING?

Yes No

IF YES, EXPLAIN BELOW. NOTE: A CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOU. THE FACTS MUST BE CONSIDERED. PLEASE GIVE A FULL EXPLANATION.

ADDITIONAL INFORMATION

I HEREBY SUBMIT MY APPLICATION FOR DEPUTY BRANCH PILOT AND WILLINGLY SUBMIT THE FOLLOWING:

- I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR REJECTION OR FUTURE DISQUALIFICATION.
- I AGREE TO SUPPLY ANY AND ALL ADDITIONAL INFORMATION REQUESTED TO ASSESS MY APPLICATION.
- I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND RELEASE THE PILOT BOARD, THE APPLICATION REVIEW COMMITTEE, AND THEIR STAFF FROM LIABILITY IN CONNECTION WITH THEIR INVESTIGATION.

DATE: _____ APPLICANT'S SIGNATURE: _____