



# Application for Original Pilot License

**BOARD OF PILOT COMMISSIONERS FOR THE BAYS OF  
SAN FRANCISCO, SAN PABLO, AND SUISUN  
660 Davis Street, San Francisco, California 94111  
415-397-2253 / 415-397-9463 fax**

Name (printed)		
Current Residence Address	Changed within last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Optional Preferred Mailing Address (if different from above)	Changed within last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Telephone Number	Cell Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Telephone Number	Cell Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	Changed within last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name & Phone Number		
Driver's License Number	Issuing State	Changed within last year? <input type="checkbox"/> Yes <input type="checkbox"/> No

## I HEREBY APPLY FOR AN ORIGINAL STATE PILOT LICENSE.

- A copy of my U.S. Coast Guard Merchant Mariner Credential with all current endorsements is attached.
- I have arranged for the required medical examination, with the FITNESS FOR DUTY NOTIFICATION to be provided to the Board under separate cover directly from the Board's physicians.

**I DECLARE** under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Signature

Date

*BOPC USE ONLY (insert date stamp)*