



# Application for Annual Pilot License Renewal

**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 THE ANNUAL RENEWAL OF MY 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)*