



Board of Pilot Commissioners for the Bays of San Francisco, San Pablo, and Suisun
660 Davis Street San Francisco, CA 94111 • ph: (415) 397-2253 fax: (415) 397-9463

Application for Renewal of State Pilot License

I hereby apply for renewal of my State Pilot License. A copy of my U.S. Coast Guard Federal License with all current endorsements is attached.

I have arranged for the Board's required medical examination, with the PHYSICIAN'S REPORT OF MEDICAL EVALUATION to be provided to the board by the physician under separate cover.

Name (Printed)

Current Residence Address

Optional Preferred Mailing Address (if different from above)

Telephone Number

Mobile Number

Email address

Emergency Contact Name

Phone

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

Attachment: Federal License, both sides