



Application for Original Pilot License

BOPC USE ONLY (insert date stamp)

**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?	Yes	No
Optional Preferred Mailing Address (if different from above)	Changed within last year?	Yes	No
Primary Telephone Number	Cell Phone?	Yes	No
Secondary Telephone Number	Cell Phone?	Yes	No
Email Address	Changed within last year?	Yes	No
Emergency Contact Name & Phone Number			
Driver's License Number	Issuing State	Changed within last year?	Yes 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 have read the pilot Conflict of Interest regulations found in Title 7, California Code of Regulations, §222, and I will be in compliance with the regulations upon the issuance of my pilot license.

I DECLARE under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date