



Maine Pilotage Commission

Training Record

Applicant Information

Name: _____ Date: _____
Address: _____ City: _____
State _____ Zip Code: _____

1. Training Trips.

Area		Sponsor	
	In-bound		Out-bound
	<input type="checkbox"/> During hours of darkness?		<input type="checkbox"/> During hours of darkness?
Date			
Geographic point of beginning of route			
Time at beginning of route.			
Geographic point of ending of route			
Time at ending of route			
Vessel			
Official Number			
Gross Tonnage			
Weather			

Supervising Pilot Comments (Must briefly describe the trainees actions and a brief description of the weather):

Supervising Pilot's Signature: _____ Date: _____