

BOARD OF COMMISSIONERS OF PILOTS OF THE STATE OF NEW YORK

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BOARD OF COMMISSIONERS OF PILOTS OF THE STATE OF NEW YORK **HUDSON RIVER PILOT'S ANNUAL REPORT OF PILOTING ACTIVITIES**

This report is to be submitted, as required by Board Regulation 52.10, when applying for license renewal.

NAME: _____ GRADE _____

Passages:

NUMBER OF PASSAGES UPBOUND	
NUMBER OF PASSAGES DOWNBOUND	
NUMBER OF TRANSPORT PASSAGES	
TOTAL NUMBER OF PASSAGES	

List vacation periods, sick leave, and other times when you were a way from piloting duties for more than five days.

FROM	TO	NUMBER OF DAYS	REASON
TOTAL NUMBER OF DAYS			

Use other side if additional space is needed.

Signed _____ Date _____