



**BOARD OF COMMISSIONERS OF PILOTS**  
 OF THE STATE OF NEW YORK  
 17 BATTERY PLACE  
 NEW YORK, NY 10004

TEL: 212-425-5027  
 FAX: 212-344-3144

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

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

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

PASSAGES:

	UPPER BAY	NORTH RIVER	EAST RIVER	HUDSON RIVER	NEWARK BAY	KILLS S. WAY	KILLS N. WAY	RARITAN RIVER	JAMAICA & LOWER BAYS
Ambrose to									
Ambrose from									
Hell Gate to									
Hell Gate from									
Sub-Totals									

Transports \_\_\_\_\_ Anchoring on Station \_\_\_\_\_ RDF & Comp Adj \_\_\_\_\_ Docking & Undocking \_\_\_\_\_

Detentions \_\_\_\_\_ Boat & Light Passages \_\_\_\_\_ Refresher, Break-In & Training Passages \_\_\_\_\_

Indicate Routes and number on each \_\_\_\_\_  
 \_\_\_\_\_

Number of days engaged in other activities related to the pilot service. Indicate the activity.  
 \_\_\_\_\_  
 \_\_\_\_\_

List periods of more than five days of vacation, sick leave and other times when you were engaged in other activities not related to the pilot service.

FROM	TO	NUMBER OF DAYS	REASON
Totals			

Use back of this sheet if additional space is needed.

Signed \_\_\_\_\_ Date \_\_\_\_\_