## **ASSOCIATED BRITISH PORTS**

## **HUMBER PILOTAGE AREA**

## **APPLICATION FOR RENEWAL OF PILOTAGE EXEMPTION CERTIFICATE**

NAME OF CERTIFICATE HOLDER						CERTIFICATE NUMBER				
MASTER /CHIEF OF	FICER (Please	e del	lete as neces	sary) <i>MA</i>	AXIMUM LENG	TH OF VESSELS ON	CERTIFICATE			
Return of Voyages	made by the C	Certif	ficate Holder	during the 12 Mon	ths ended 30 J	une 2003 (6 in, 6 out	only)			
			Inward Bound			Outward Bound				
Name of Vessel		No	Date	From	То	Date	From	То		
		1								
	:	2								
	;	3								
		4								
		5								
		6								
Company Stamp	For and on	hoho	If of:			•			•	
	For and on behalf of:- Name of Company						OFFICE USE ONLY			
							Date Renewed			
	Signed						Received Original Certificate		YES	/ NO
	Name						Received Payment		YES / NO	
	Position in Company						Comments:			
	Date									