



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 OS 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 _____