



The New Jersey Maritime Pilot & Docking Pilot Commission

One Penn Plaza East * 9th Floor * Newark, NJ 07105

MARITIME PILOT ANNUAL REPORT FORM

_____ Date

Dear Sir:

I _____ have piloted _____ vessels in the past year over the following areas:

| <u>Board</u> | <u># of Ships</u> |
|-------------------------|-------------------|
| Regular New York Board | _____ |
| Perth Amboy Board | _____ |
| Hell Gate Board | _____ |
| Long Island Sound Board | _____ |

I have been absent during the past year for the following reasons:

| <u>Reason Absent</u> | <u># of Days</u> |
|----------------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Listed below are any extra activities related to the maritime industry that I have been involved in during the past year.

Listed below are all the current medications and supplements including dosage that I have filled or refilled and/or taken within 30 days and all prescription and non-prescription medications including supplements and vitamins that were used for a period of 30 or more days within the last 90 days.

My annual physical was submitted to the Coast Guard on _____.

Respectfully submitted,

Cell No: _____
Email: _____