

## APPLICATION FOR A TEMPORARY EXEMPTION FROM COMPULSORY PILOTAGE

according to the Swedish Transport Agency's Regulations and General Advice (TSFS 2009:123) on Pilotage

**APPLICANT:**

Surname	First name	Date of Birth (yyyy-mm-dd)
Nationality	Nautical Competence Certificate (enclose)	Valid to
Position onboard	Special Competence Certificates (enclose)	Valid to

**VESSEL:**

Name of the vessel:	Call sign	Type of vessel	Maximum length (m)	Maximum width (m)	Maximum draft (m)

**CARGO:** (further information about the cargo may also be described in a separate attachment)


**MOVEMENT:** (the temporary movement applied for)


**ESTIMATED TIME:** (the period when the application is expected to be valid)

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**OTHER INFORMATION:** (for example, previous experience of the port or area)


**Date**
**Signature of Applicant**
**Attachment:**  
(if applicable)

**RECEIVER OF PROCESSED APPLICATION:**

Name and Address		
Telephone	Fax	E-mail

**RECEIVER OF THE INVOICE:**

Address in Sweden to owner, agent or other contact.

Name and Address
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SF LD 9 (sve) 1.0

Application by mail may be sent to:  
Swedish Transport Agency, Maritime Division, S-601 73 Norrköping, Sweden

**Visiting address**
**Telephone**
**Fax**
**E-mail**

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