



The New Jersey Maritime Pilot & Docking Pilot Commission

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

Log of Refamiliarization (Break-In) Trips

Name of Pilot: _____ Circle One: Docking Pilot/Maritime Pilot Date: _____

I certify that I have been on board the following vessels for the purposes of becoming familiar with the route prior to returning to work:

Date	Name of Vessel	Time	Route of Vessel From – To	Name of Pilot of Record

Signed: _____

I have reviewed and recommend that the above-mentioned pilot be allowed to return to the Rotation Board/Duty _____
Executive Director, NJMP&DPC