



Commonwealth of Massachusetts  
**Harbormaster Training Council**  
[www.mass.gov/eopss/agencies/hmtc/](http://www.mass.gov/eopss/agencies/hmtc/)

## Training Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ SS# (last four only) \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Please check the appropriate box below for your request and include proof of current 1<sup>st</sup> aid/cpr certification and any training documents/certificates you wish to be considered in your application to the Harbormaster Training Council. **For first time applicants please include a copy of your current resume**. You are encouraged to work with one of the Harbormaster Training Council Representatives who can assist with the application process and/or answer any questions.

☐ **Temporary Waiver:** A temporary waiver may be granted for a period not to exceed two hundred and seventy (270) days while the candidate is awaiting training. This waiver is required to exercise Harbormaster powers while awaiting training.

☐ **Permanent Exemption:** Pursuant to Chapter 422 of the Acts of 2008, this applicant requests to be exempted from the Harbormaster Initial Training referenced in M.G.L. c.102 19A. This Applicant was appointed as a full time or permanent part-time Harbormaster or Assistant Harbormaster prior to March 2009 and has completed all required in-service training prescribed by the Harbormaster Training Council.

Or has successful completion of training that is substantially equivalent to or greater than that of a Massachusetts Harbormaster at a comparable level of experience. (see page 2 checklist)

☐ **Completion of Initial Training Requirement:** This Applicant has completed the Harbormaster Initial Training Program or equivalent as prescribed by the Harbormaster Training Council (see page 2 checklist)

**By providing signature below, I hereby certify that all information provided is accurate and correct.**

\_\_\_\_\_  
Signature of Local Approving Authority Title Date

\_\_\_\_\_  
Signature of Petition Applicant Title Date

Petition and documentation should be sent or emailed to: Chatham Harbormaster  
613 Stage Harbor Road  
Chatham, MA 02645  
[jholm@chatham-ma.gov](mailto:jholm@chatham-ma.gov)

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***Harbormaster Training Components Checklist***

- Harbormaster Law Enforcement
- USCG Captains License or completion of a USCG Captains License Course  
(OUPV 6-pack or higher)
- NASBLA/USCG Basic Boat Crewman Course
- NASBLA/MEP Boating Under the Influence Course
- Officer Water Survival Course
- DEP Oil Spill Response Course
- USCG ATON/PATON
- Laws Pertaining to Harbormasters
- Marine Theft
- Marine Medical Emergencies

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Name: \_\_\_\_\_

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**Reviewed by Regional Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Exemption/Waiver:**                      Approved                      Denied

**Type of Exemption/Waiver:**              Temporary Waiver / Permanent Exemption / Completion

**Expiration (for Temporary Waiver):** \_\_\_\_\_

**Signature of Council Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

November 10, 2025