Commonwealth of Massachusetts

Harbormaster Training Council

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 1st 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 checkllist)**

☐ **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

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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:_____

----------FOR OFFICE USE ONLY ----------

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