



Maryland Port Administration MPA Terminal Identification Badge & Renewal Request Application

ALL AREAS MUST BE COMPLETED; TYPED OR PRINTED IN INK.

Section A: To be completed by Applicant

Check One: New Applicant or Renewal

Name: _____ Job Title: _____
(Last Name, First Name, Middle Name)

Home Address: _____ Daytime Contact Phone No.: _____
(Street, City, State and Zip Code)

Company Name (Employer) & Address: _____
(Street, City, State and Zip Code)

Date of Birth: _____ U.S. Citizen: Yes No Alien Registration Number & Visa Code (If applicable): _____

ILA Port No. (If applicable): _____ TWIC Expiration Date: _____

Driver's License No. or State ID No.: _____ State of Issuance: _____

Clearance Information: **Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation?** Yes No

If yes, provide details: _____

I certify that information supplied on this form is true and complete. I understand that any knowingly erroneous, misleading or fraudulent information is sufficient grounds for denial and may subject me to criminal or civil liabilities for making any false statements. I also authorize the MPA to conduct any records check as necessary to verify the information I have provided.

Applicant Signature: _____ Date: _____

E-mail Address: _____

Section B: To be completed by Company Sponsor

Company Name (Employer): _____

Company Address: _____
(Street, City, State and Zip Code)

Terminal Access: *(Check Appropriate Box)* Dundalk: Seagirt: South Locust Point: North Locust Point: Masonville/Fairfield:

Employee (Applicant) Type: Facility Employee Contractor/Vendor Essential MPA Employee Non-Essential MPA Employee Law Enforcement
Security Guard ILA Member Non-Facility Maritime Professional (ex. ships Agent) Other *(specify)* _____

Building Access: **(For MPA Use Only)** *(Check Appropriate Box)* DMT 91A/Maintenance DMT 91C/Storeroom DMT 97B Security IT Rooms
DMT 97B MdTA Police DMT 97C/MdTA Police P&E DMT 96E/Gate Security Bldg. ACC 2200 Cruise Terminal Security Guard Booths

TWIC Escort Approved: Yes *(Final approval rests with the MPA Office of Security)*

Print Name of Authorized Company Signor and Title _____ Signature _____ Date _____

Daytime Phone No.: _____ E-mail Address: _____

Submission Instructions: Email completed applications to MPA Office of Security as a pdf file to mpasecurity@marylandports.com

Section C: For Office of Security Use Only

Authorization for Terminal Access: Yes No Credential Type Issued: Red (Law Enforcement) Blue (Security Guard) Plum (Essential MPA Employee) Gold (Non-essential MPA Employees, Facility Employees & ILA Members) Green (Contractors/Vendors) Orange (Non-facility Maritime Professionals)

Comments: _____

OOS Approving Officer: _____ Date: _____