



Maryland Port Administration Terminal Credential & 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 Initial)

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 No. (If applicable): _____ Visa Code: _____

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

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

Clearance Information: Have you been convicted of a crime (misdemeanor or felony) other than a minor traffic violation in the past 5 years? Yes No

If yes, give 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 Agency or Company Sponsor

Agency or Company Name (Employer): _____

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

Access Location: *(Check Appropriate Box)* Dundalk: Yes No; Seagirt: Yes No; South Locust Point: Yes No; North Locust Point: Yes No; Masonville/Fairfield: Yes No;

Employee Type: The above referenced Applicant is one of the following: Facility Employee Contractor Vendor Essential MPA Employee Non-Essential MPA Employee Law Enforcement Security Guard ILA Member Other _____

TWIC Escort Approved: Yes No (Escort privileges are approved on a case-by-case basis and limited to facility tenants and their employees. Final approval rests with the MPA Office of Security.)

Print Name of Company Representative and Title _____ Signature _____ Date _____

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

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 Employees) Gold (Non-essential State Employees/Facility Employees/ILA) Green (Contractors/Vendors) Orange (Non-facility Maritime Professionals)

Comments: _____

Application Verified by: _____ Date: _____ OOS Approving Officer: _____ Date: _____

Submission Instructions: Mail to or place in the designated drop box located outside the Office of Security, Dundalk Marine Terminal at 2700 Broening Highway, Bldg 97B, Suite 203, Baltimore, MD 21222 or E-mail as a pdf file to mpasecurity@marylandports.com.