



# Maryland Port Administration MPA Terminal Identification Badge & Renewal Request Application

ALL AREAS MUST BE COMPLETED; TYPED OR PRINTED IN INK.  
FORMS SHOULD BE HAND DELIVERED OR FAXED TO THE OFFICE OF SECURITY AT 410-285-0891.

## Section A: To be completed by Applicant

OOS Rev. 3/2007

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: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ U.S. Citizen:  Yes  No Social Security No. (Optional): \_\_\_\_\_  
(City, State)

Alien Registration No. (if applicable): \_\_\_\_\_ Visa Code: \_\_\_\_\_ International Longshoremen Port No. (if applicable): \_\_\_\_\_

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, give details and place in sealed envelope with your signature. A conviction is not an automatic disqualification for a Port identification badge.

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: \_\_\_\_\_

## 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; MPA Data Centers:  Yes  No; WTC:  Yes  No

Employer Sponsorship: The above referenced Applicant is one of the following:  Contractor  Vendor  Tenant  Essential MPA Employee  Non-Essential MPA Employee  Law Enforcement/Security  Other \_\_\_\_\_

Has Applicant received Security Awareness Training?  Yes  No If yes, certification of date given. \_\_\_\_\_

### Validation for Contractor or Vendor badge issuance:

1. Does the contractor/vendor have a company identification card and/or drive a company marked vehicle?  Yes  No
2. Has the contractor/vendor requesting badge had 5 visits in iVisitor within a consecutive 30 day period?  Yes  No
3. Is the contractor/vendor contracted to perform work on MPA terminals for the next twelve months?  Yes  No

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  Red Badge (Law Enforcement/Security)  Plum Badge (Essential MPA Employee)  Gold Badge (Non-essential MPA Employees, Tenants & Shipping Lines/Agents)  Green Badge (Vendors/Contractors)  Black Badge (Ship Stores)

Comments: \_\_\_\_\_ Security Awareness Training Date Completed: \_\_\_\_\_

**Application Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **OOS Approving Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_