



Maryland Port Administration MPA 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 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 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 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 Agency or Company Sponsor

Agency or Company Name (Employer): Steamship Trade Association

Agency or Company Address: 8615 Ridgely's Choice Drive Suite 202 Baltimore, MD 21236
(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.)

Michael Angelos/President

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

Daytime Phone No.: (410) 248-3377 E-mail Address: jwarenda@sta-balto.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) 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., 97 B, Suite 203, Baltimore, MD 21222 or E-mail as a pdf file to mpasecurity@marylandports.com.