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 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): 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:** X Yes ☐ No; **Seagirt:** X Yes ☐ No; **South Locust Point:** X Yes ☐ No; **North Locust Point:** X Yes ☐ No; **Masonville/Fairfield:** X 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** X **ILA Member** ☐ **Other** _____

TWIC Escort Approved: ☐ **Yes** X **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:** ruth@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 Employees) ☐ **Gold** (Non-essential State Employees /Facility Employees/s/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.