Application for Security Authorization

ELIGIBILITY

☐ Ship Agent
☐ Licensed Transportation Service*
☐ Tenant /Stevedore
☐ Agent Vendor*
☐ Marine Surveyor*
☐ Other*_____
☐ PHA Contractor

Further information required by PHA prior to approval of applications.

Company Name:

Address:

Street City State Zip

Ops Office Phone: Ops /Office Fax:

Ops Office Email:

Responsible Party (1):

Title (1): Cell Phone (1):

Individual Email (1):

Responsible Party (2):

Title (2): Cell Phone (2):

Individual Email (2):

Facilities for which Security Privileges are being requested:

☐ Turning Basin ☐ Woodhouse ☐ Old Manchester ☐ Barbours Cut ☐ Bayport

Security Privileges being Requested *(check all that apply):*

☐ VMS User ☐ TWIC Escort ☐ Port ID ☐ VMS Only ☐ Standing Gate List ☐ TWIC Enrollment ☐ POV

I understand that

- PHA security authorization privileges are granted at the sole discretion of the PHA, for a period determined by and at the sole discretion of the PHA; and PHA reserves the right to deny privileges or to rescind, revoke, or deny renewal of privileges previously granted.
- The nominating/sponsoring company agrees to accept all responsibility for its sponsored employees, including but not limited to, any fine or liability imposed on PHA by USCG, or other federal entities for failure of such employee to follow appropriate PHA security policies and procedures.
- Each nominated employee shall be a full time, direct employee of the sponsoring company; and is required to attend appropriate security training provided by the PHA.

Signature ***Printed Name*** ***Date***

OFFICIAL USE ONLY

APPROVED FOR

☐TB ☐WH ☐MAN ☐BCT ☐BPT	
☐	VMS User
☐	TWIC Escort
☐	Port ID
☐	VMS Only
☐	Standing Gate
☐	TWIC Enrollment

Approved ☐ Denied ☐

_____

Signature Date