



APPLICATION FOR RENEWAL OF LICENSE

For instructions regarding the completion and submission of this application, see Instructions to Applicant

PORT HOUSTON

SECTION A – APPLICANT

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| Port Authority File (License) No.: | License Expiration Date: | |
| Company Name: | Mailing Address: | |
| State Incorporated/Registered: | Billing Address (if different from mailing address): | |
| Billing Contact (Name/Title): | Phone: | Email: |
| Company Contact (Name/Title): | Phone: | Email: |
| Emergency Contact (Name/Title or Call Center): | Phone: | Email: |
| Corporate Officer Signing the License (Name/Title): | | |
| Authorized Agent (Name/Title), if applicable: | Phone: | Email: |
| Authorized Agent Company Name: | Mailing Address: | |
| Person Preparing the Application (Name/Title): | Phone: | Email: |

SECTION B – PROJECT

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|--|--|
| Project Description: | Term Length Requested: 10 Year Term <input type="checkbox"/> 30 Year Term <input type="checkbox"/> |
| Product and Form (liquid/gas) Transported: | Port Authority Property(s) Impacted (rail, terminal, water body): |
| Name of Pipeline/Transmission Line: | City: |

SECTION C – CERTIFICATION

I attest that to the best of my knowledge and belief the information supplied in and accompanying this application is true and accurate and that any false or misleading information or nondisclosure of material facts shall be cause for denial of this application and for revocation of any permit issued in reliance on the information contained herein.

Signature of Applicant or Authorized Agent _____ Date _____

Name & Title of Applicant or Authorized Agent (printed or typed) _____

APPLICATION FOR RENEWAL OF LICENSE Instructions to Applicant

This application is to be used for the renewal of an existing license for pipelines, transmission or distribution lines, and fiber optic lines or cables. The application may be completed and signed by either the applicant, authorized agent, or preparer.

Fees: Application Fee to be invoiced at a later date
License Fee to be invoiced at a later date

General Instructions

1. Complete and sign the application, put N/A if not applicable.
 - a. **Company Name:** The company name should be written exactly as listed with the Office of the Secretary of State or other licensing entity (*Documentation may be required*)
 - b. **Emergency Contact:** Person or call center (preferred) for the Port Authority to call in case of emergency.
 - c. **Corporate Officer:** A person who has authority to bind the company, and the entity type generally determines who has such authority. The proper person to sign is: (a) the president, vice-president or other senior officer of a corporation, witnessed by the corporate secretary or assistant secretary; (b) the partner of a general partnership, properly witnessed; (c) the owner of a sole proprietorship, properly witnessed; and (c) the general partner of a limited partnership, properly witnessed. If someone other than the person listed is signing, or a witness does not additionally sign, proper papers authorizing that action (such as a corporate resolution or an attorney-in-fact designation) must be included when you return the signed permit)
2. Submit the application package as indicated below. The application package includes the completed and signed application and required documentation. Fees will be invoiced at a later date. Do not send payment at this time.

Return application package to:
Port of Houston Authority
Channel Operations Department
Attn: Licenses/Permits
111 East Loop North
Houston, Texas 77029
or chandev@porthouston.com

All fees associated with this application should be sent to:

Online Credit Card Payments **For amounts up to \$5,000 USD**

Access our secure online payment system at <http://porthouston.com/portweb/online-payments/>

Check Payment- Lockbox Address:

Port of Houston Authority
P.O. Box 95279
Grapevine, Texas 76099-9752

Over-night Address:

Port of Houston Authority
Attn: Lockbox# 95279
1010 W Mockingbird Lane, Dallas, Texas 75247

Wire Transfer and ACH Transfers:

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|--------------------------------------|--|
| Company | The Port of Houston Authority |
| Tax ID# | 74-6001217 |
| Bank Name/Telephone# | Branch Banking and Trust @ 713-425-0818 |
| Bank Address | P.O. Box 95279, Grapevine, TX 76099-9752 |
| Checking Acct. No. | 14400 111 00426 |
| Bank Transit & Routing Number | ABA# 111 017 694 |
| Swift Code (For international wires) | BRBT US33 |

Wire and ACH transfer payment details must be emailed to paymentremitonly@porthouston.com

The Channel Operations Department may request additional information as deemed necessary to process the application. Contact the Channel Operations Department at 713-670-2441, or 713-670-2839, or chandev@porthouston.com for assistance regarding any of the above requirements.