

# Port Houston

# Credentialing Packet

## Application for Security Authorization at PHA Terminals

Return your application by email to [phaaccess@poha.com](mailto:phaaccess@poha.com).

Incomplete applications will not be considered.

Notification of approval will be made by email to the company responsible parties.

- 4.4.6.350- Application for Security Authorization
  - Complete the entire form except where noted “official use only”
- 4.4.6.352-4- Security Authorization – Further Information Required **(Not required for PHA Tenants, Stevedores or Vessel Agents)**
  - Read and provide all documentation indicated
- 4.4.6.394- Employee Change of Status
  - Use this form to make any future changes to your employee list, such as a termination or new hire
  - Complete using the employees name as shown on their TWIC card.
- 4.4.6.191- Security Authorization Letter **(Not required for PHA Tenants, Stevedores or Vessel Agents)**
  - Update all text marked in red

**Upon approval, the following steps must be completed for each individual prior to security access being granted:**

1. Register TWIC cards with PHA Credentialing.
2. Attend required training.
  - a. Contact [phaaccess@poha.com](mailto:phaaccess@poha.com) to reserve a space in required training.

**All company employees requiring facility access are required to maintain a current TWIC registered with PHA Credentialing.**

For questions regarding application process, call 713-670-2529, or email to [phaaccess@poha.com](mailto:phaaccess@poha.com).



# Application for Security Authorization



## ELIGIBILITY

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Ship Agent                       | <input type="checkbox"/> Agent Vendor*    | <input type="checkbox"/> PHA Contractor |
| <input type="checkbox"/> Licensed Transportation Service* | <input type="checkbox"/> Marine Surveyor* |   |
| <input type="checkbox"/> Tenant /Stevedore                | <input type="checkbox"/> Other* _____     |   |

**\*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.

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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**OFFICIAL USE ONLY**

<b>APPROVED FOR</b>	<input type="checkbox"/> TB <input type="checkbox"/> WH <input type="checkbox"/> MAN <input type="checkbox"/> BCT <input type="checkbox"/> BPT
	<input type="checkbox"/> VMS User
	<input type="checkbox"/> TWIC Escort
	<input type="checkbox"/> Port ID
	<input type="checkbox"/> VMS Only
	<input type="checkbox"/> Standing Gate
<input type="checkbox"/> TWIC Enrollment	

Approved  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Security Authorization Application  
Further Information Required

**Licensed Transportation Company**

Licensed Transportation Company is defined as any person or company that provides a vehicle-for-hire or vehicle-for-service and is licensed or permitted by a recognized district or municipality (i.e. personnel carriers for hire such as taxicabs, limousines or shuttle services). Applications must include the following:

- Company Profile on Company Letterhead, following the approved style as per Doc#4.4.6.191\_rev3, including all of the following information.
  - Full contact information for the company (Company name, owners or officers, number of employees, address, phone, fax, email, website)
  - Current customers at PHA Facilities
  - Business reason for privileges being requested
  - Anticipated frequency of use of privileges
  - Designated signatory (no more than two)
- Proof of current and valid license or permit from its respective municipality or regulating authority (i.e. Cities of Houston, Pasadena, Galena Park, La Porte, etc.)
- 3 letters of reference meeting the following requirements:
  - From PHA Tenant/Stevedore, Vessel Agent, Liner Service, or PHA Dept
  - Company letterhead
  - Statement of endorsement for subject company to receive PHA security privileges
  - The facilities at which services are being rendered
  - Frequency of use of services
- Proof of financial responsibility (i.e. minimum insurance requirements)
  - Minimum \$1 million general liability, with PHA as additional insured, and waiver of subrogation in favor of PHA.
- Nominations submitted by the authorized signatory (no self nominations)

**Other\*** *Examples: Ship Repair, Ship Service, Ship Suppliers, and similar*

Companies that are not by definition a Tenant, Agent or Vessel Agent, Licensed Stevedore/Freight Handler or Licensed Transportation Service may be eligible for security authorization for Agent Vendor List and will be reviewed on a case-by-case basis. Applications must include the following:

- Company Profile on Company Letterhead, following the approved style as per Doc#4.4.6.191\_rev3, including all of the following information.
  - Full contact information for the company (Company name, owners or officers, number of employees, address, phone, fax, email, website)
  - Current customers at PHA Facilities
  - Business reason for privileges being requested
  - Anticipated frequency of use of privileges
  - Designated signatory (no more than two)
- Proof of current and valid permits or licenses as appropriate
- Proof of financial responsibility (i.e. minimum insurance requirements)
  - Minimum \$1 million general liability, with PHA as additional insured, and waiver of subrogation in favor of PHA.
- Nominations of employees to granted security privileges, submitted by the authorized signatory (no self nominations)
- 3 letters of reference meeting the following requirements:
  - From PHA Tenant/Stevedore, Vessel Agent, Liner Service, or PHA Dept
  - Company letterhead
  - Statement of endorsement for subject company to receive PHA security privileges
  - The facilities at which services are being rendered
  - Frequency of use of service

**Incomplete applications will not be considered.**



# MTSA/VMS/ESCORT Training



**Weekly:** Every Wednesday\* in the **PCC (Port Police building)** training room at Turning Basin

## MTSA 9:00AM ESCORT 10:00AM VMS 11:00AM

Reservations are required for weekly classes before noon on the Friday before training. Email [phaaccess@poha.com](mailto:phaaccess@poha.com) to reserve a space in class. Nominations are required by a responsible party via email.

MONTH	DATES
JANUARY	4 <sup>th</sup> , 11 <sup>th</sup> , 18 <sup>th</sup> , 25 <sup>th</sup>
FEBRUARY	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup>
MARCH	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup> , 29 <sup>th</sup>
APRIL	5 <sup>th</sup> , 12 <sup>th</sup> , 19 <sup>th</sup> , 26 <sup>th</sup>
MAY	3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> , 24 <sup>th</sup> , 31 <sup>st</sup>
JUNE	7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , 28 <sup>th</sup>
JULY	5 <sup>th</sup> , 12 <sup>th</sup> , 19 <sup>th</sup> , 26 <sup>th</sup>
AUGUST	2 <sup>nd</sup> , 9 <sup>th</sup> , 16 <sup>th</sup> , 23 <sup>rd</sup> , 30 <sup>th</sup>
SEPTEMBER	6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , 27 <sup>th</sup>
OCTOBER	4 <sup>th</sup> , 11 <sup>th</sup> , 18 <sup>th</sup> , 25 <sup>th</sup>
NOVEMBER	1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 29 <sup>th</sup>
DECEMBER	6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup>

### Training Address:

Turning Basin – 111 East Loop North, Houston TX, 77029

*The associated fees with **Escort Training** are as follows:*

- **\$50** “Initial fee” shall be applicable to both new and three year renewal Credentials
- **\$20** “Replacement fee” shall be applicable to replacement badges issued during the valid period, including lost badges and company transfers
- **Payment methods Accepted:** Exact Cash or PHA Approved Account

\*Classes are subject to cancellation. Every effort will be made to communicate cancellation in a timely manner and those impacted shall be given priority for rescheduling. There will be no classes the Wednesday before Thanksgiving or the Wednesday after Christmas.

## Employee Change of Status

**Company Information**

Company Name: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Last Name First Name Date

**Please return to phaaccess@poha.com**

**Employee Information**

LAST NAME	FIRST NAME	MTSA	VMS	New Hire	Termination	Comments



# Approved format for security authorization application



## COMPANY LETTERHEAD

*(Today's Date)*

Port of Houston Authority  
111 East Loop North  
Houston, Texas 77029  
Attention: Credentialing Office/ HSSE

*(Company Name) is a (brief description of your business reason for required access to the Port of Houston).*

**Company Profile:**

**Owners/Officers:**

**Number of employees:**

**Address:**

**Phone:            Fax:            Email:            Website:**

**Current customers at PHA facilities:**

**Frequency of use of PHA facilities:**

**Proof of financial responsibility: (REQUIREMENT).**

**Proof of current & valid permits: (REQUIREMENT)**

The following responsible party(s) are designated signatories for the company, and will be the only signatures accepted for changes to the company security authorization privileges.

**Responsible Party Official Signature (1)**

*Printed Name*

*Company Position    Cell Number:    Email:*

**Responsible Party Official Signature (2)**

*Printed Name*

*Company Position    Cell Number:    Email:*

I understand that it is the company's responsibility to inform the PHA Credentialing Office promptly of any changes.

**Signed by Responsible Party**

- Attachments:
- Proof of financial responsibility
  - 3 letters of reference
  - Proof of current and valid permits/licenses
  - Employee nominations

# Credentialing Hours and Locations

## Turning Basin Terminal

*Address: 111 East Loop North Houston TX 77029*

*Hours of Operation: Monday –Friday*

*7:30-11:30*

*1:30-4:00*

## Barbours Cut Terminal

*Address: 1819 E Barbours Cut Blvd La Porte TX 77571*

*Hours of Operation: Tuesday & Thursday*

*8:30-1-30*