Maryland Port Administration
Right of Entry Request Form

Requestor Information

Full Legal Name of Requesting Company:
Address:
Type of company: Sole Proprietorship Partnership LLC Corporation Other
State of incorporation or creation:

Person authorized to sign the Right of Entry:
Name: Email:
Title: Phone:

Request Information

Sponsor Business Name:
Contact Name:
Phone:
Email:

MPA Facility or Facilities:
Location(s) within Facility:
Purpose for entry onto Facility:

Duration Requested:
OR
Start Date: End Date:

Contractor(s), Employees, or others entering Facility under this Right of Entry:
Company:
Contact:

Do all participants possess TWIC Cards? YES NO
If no, provide the name of Escort Company:

Special Requirements/Requests:

Supporting Documents

Requestor will need to provide proof of insurance certificates naming MPA, MDOT, and the State of Maryland as additional insureds.
Please attach as much supporting documentation as possible to expedite processing this request, i.e. event itinerary, location maps, drawings of potential work to be done, etc.

Request Form and Supporting Documents must be submitted at least
FIVE business days prior to requested start date
MPAPropertyMngt@MarylandPorts.com