



Maryland Port Administration
Terminal Vehicle Access Application
To be completed by Applicant (print or type legibly)

Applicant Name (First, MI, Last): _____ DOB (mm/dd/yy): _____

Home Address (Street, City, State, Zip): _____

Home Phone #: _____ E-Mail Address: _____

Employer Name: _____ Employer Ph #: _____

Employer Address (Street, City, State Zip): _____

Driver License #: _____ DL State: _____

VEHICLE #1

Tag #/State	VIN#	Vehicle Year	Vehicle Make/Model
Vehicle Owner Name		Owner DOB	Owner Ph. #
Vehicle Owner Address (Street, City, State, Zip)		Insurance Co. Name	Policy #
DECAL # _____ (To be completed by Decal Office)			

VEHICLE #2

Tag #/State	VIN#	Vehicle Year	Vehicle Make/Model
Vehicle Owner Name		Owner DOB	Owner Ph. #
Vehicle Owner Address (Street, City, State, Zip)		Insurance Co. Name	Policy #
DECAL # _____ (To be completed by Decal Office)			

VEHICLE #3

Tag #/State	VIN#	Vehicle Year	Vehicle Make/Model
Vehicle Owner Name		Owner DOB	Owner Ph. #
Vehicle Owner Address (Street, City, State, Zip)		Insurance Co. Name	Policy #
DECAL # _____ (To be completed by Decal Office)			

I certify that the information supplied on this form is true and complete. I understand that any knowingly erroneous, misleading or fraudulent information is sufficient grounds for denial, revocation, and may subject me to criminal or civil liabilities for making false statements. I also authorize the Maryland Port Administration (MPA) to conduct any records check as necessary to verify the information I have provided. I also agree to adhere to all rules, regulations, and laws concerning vehicle operation, terminal access, and prohibited activities on MPA property as stated in Code of Maryland Regulations (COMAR) Title 11 Subtitle 5, Chapters 3 and 7. I further understand that any failure to adhere to the rules, regulations and laws noted above may result in denial of vehicle privileges and/or criminal liabilities.

Printed Name: _____ Applicant Signature: _____ Date (mm/dd/yy): _____