



**Maryland Port Administration**  
**Company Vehicle Access Application**  
 To be completed by authorized company representative  
 (print or type legibly)

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

Company Address (Street, City, State, Zip): \_\_\_\_\_

Company Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**VEHICLE #1**

Tag #/State	VIN#	Vehicle Year	Vehicle Make/Model
Vehicle Owner/Lessor Name			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/Lessor Name			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/Lessor Name			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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_