



# Maryland Port Administration MPA Terminal Credential & Renewal Request Application

ALL AREAS MUST BE COMPLETED; TYPED OR PRINTED IN INK.

## Section A: To be completed by Applicant (Non-MDOT MPA Employees)

Check One:  New Applicant or  Renewal

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
*(Last Name, First Name, Middle Name)*

Home Address: \_\_\_\_\_ Daytime Contact Phone No.: \_\_\_\_\_  
*(Street, City, State and Zip Code)*

Company Name (Employer) & Address: \_\_\_\_\_  
*(Street, City, State and Zip Code)*

Date of Birth: \_\_\_\_\_ U.S. Citizen:  Yes  No Alien Registration No. (If applicable): \_\_\_\_\_ Visa Code: \_\_\_\_\_

ILA Port No. (If applicable): \_\_\_\_\_ TWIC Card Expiration Date: \_\_\_\_\_

Driver's License No. or State ID No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Clearance Information: **Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation?**  Yes  No  
If yes, provide details: \_\_\_\_\_

I certify that information supplied on this form is true and complete. I understand that any knowingly erroneous, misleading or fraudulent information is sufficient grounds for denial and may subject me to criminal or civil liabilities for making any false statements. I also authorize the MPA to conduct any records check as necessary to verify the information I have provided.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Section B: To be completed by Agency or Company Sponsor

Agency or Company Name (Employer): \_\_\_\_\_

Agency or Company Address: \_\_\_\_\_  
*(Street, City, State and Zip Code)*

Access Location: *(Check Appropriate Box)* Dundalk:  Yes  No; Seagirt:  Yes  No; South Locust Point:  Yes  No; North Locust Point:  Yes  No; Masonville/Fairfield:  Yes  No

Employee Type: The above referenced Applicant is one of the following:  Facility Employee  Contractor  Vendor  Law Enforcement  Security Guard  ILA Member  Other \_\_\_\_\_

TWIC Escort Approved:  Yes  No (Escort privileges are approved on a case-by-case basis and limited to facility tenants and their employees. Final approval rests with the MPA Office of Security.)

Print Name of Company Representative and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Section C: For Office of Security Use Only

Authorization for Terminal Access:  Yes  No Credential Type Issued:  Red (Law Enforcement)  Blue (Security Guard)  Plum (Essential MPA Employee)  Gold (Non-essential MPA Employees & Facility Employees)  Green (Contractors/Vendors)  Orange (Non-facility Maritime Professionals)

Comments: \_\_\_\_\_

Application Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ OOS Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Instructions:** Mail to or place in the designated drop box located outside the Office of Security, Dundalk Marine Terminal at 2700 Broening Highway, Bldg., 97 B, Suite 203, Baltimore, MD 21222 or email as a pdf file to [mpasecurity@marylandports.com](mailto:mpasecurity@marylandports.com).