

Port of Port Arthur
COMPANY/ORGANIZATION REGISTRATION FORM

Section A: General Information and Company Contact Sheet

(To be completed by a company/organization authorized representative who will act as the contact person between the entity and the Port of Port Arthur. Persons designated as an authorized representative must complete and sign a POPA Identification Card Request Form, which shall be submitted with this form.)

Company/Org. Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____
(include Area Code) (include Area Code)

Briefly describe the nature of the entity's business:

Section B: Company/Org. Authorized Representative Designation

(Identify the entity's primary point of contact)

Last Name **First Name** **M.I.**

Signature

Title

Phone Number **Email Address**

(Identify the entity's secondary point of contact)

Last Name **First Name** **M.I.**

Signature

Title

Phone Number

Email Address

Section C: Contract Work

(All entities performing contract work services, please complete Section C. If Section C is not applicable, use N/A)

Contract Number: _____

Effective Date: _____

Completion Date: _____

Section D: Registration Authorization

(To be completed by the POPA representative who can verify the legitimacy of the entity's request to access the marine terminal.)

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Phone Number: _____

Section E: POPA Port Director Authorization

Name

Signature

Date