## **Port of Port Arthur** PORT IDENTIFICATION CARD REQUEST FORM (ALL SECTIONS MUST BE COMPLETED, TYPED OR PRINTED IN INK. DO NOT FOLD OR

BEND.)

## **Section A: Personal**

Last Name		First Name			M.I.
Job Title	b Title			ILA Port N	
Home Address (Firs	t Line)				
Home Address (Sec	ond Line)				
City			State		Zip Code
Phone Number			Email Address		
Date of Birth	Gender (M/F)		ve Color	Hair Color	Height
Weight	Driver's License	Number		State of Issue	Expiration Date
Emergency Contact Person			Phone Number		Relationship
Section B: Requalenthorized representation	est for Authorization	<b>on</b> (To be	complete	d by the Company/C	Organization
(Company/Organiz	ation Name)				
Employee a US (	Citizen? Yes □	No 🗆		S Citizens must o FS-03	complete POPA

Effective Date: Completion Date:							
Does this employee need access to th	e waterfront? Yes □ No □						
Comments:							
<b>Employee Port Security Awareness</b>	Training Completion Date:						
Authorized Representative	Signature	Date					
Telephone Number	Email Address						
Section C: For POPA Use Only							
Authorization for waterfront access:	: Yes □ No□						
Comments:							
Facility Security Officer	Signature	Date					
ID verified by	Signature	Date					
<b>ID</b> presented for verification (Must problem of the following identification.):	present a minimum of two forms	s of the					
Driver's License □ Federal/Milita	ary Issued ID □ State Issued II	D 🗆					
Merchant Marine ID □ Valid US	Passport □ International Dri	ver's License □					
Other 🗆							