

Effective Date: _____ Completion Date: _____

Does this employee need access to the waterfront? Yes No

Comments: _____

Employee Port Security Awareness 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

ID presented for verification (Must present a minimum of two forms of the following identification.):

Driver's License Federal/Military Issued ID State Issued ID

Merchant Marine ID Valid US Passport International Driver's License

Other
