



Application for Security Authorization

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Effective Date:
02/26/2025
Approval: Security
Management
Representative

ELIGIBILITY

- Ship Agent
- Licensed Transportation Service*
- Tenant /Stevedore
- Agent Vendor*
- Marine Surveyor*
- Other* _____

***Further information required by PHA prior to approval of applications.**

Company Name: _____

Address:

Street

City

State

Zip

Ops Office Phone: _____

Ops /Office Fax: _____

Ops Office Email: _____

Responsible Party (1): _____

Title (1): _____

Cell Phone (1): _____

Individual Email (1): _____

Responsible Party (2): _____

Title (2): _____

Cell Phone (2): _____

Individual Email (2): _____

I understand that

- PHA security authorization privileges are granted at the sole discretion of the PHA, for a period determined by and at the sole discretion of the PHA; and PHA reserves the right to deny privileges or to rescind, revoke, or deny renewal of privileges previously granted.
- The nominating/sponsoring company agrees to accept all responsibility for its sponsored employees, including but not limited to, any fine or liability imposed on PHA by USCG, or other federal entities for failure of such employee to follow appropriate PHA security policies and procedures.
- Each nominated employee shall be a full-time, direct employee of the sponsoring company; and is required to attend appropriate security training provided by the PHA.

Signature

Printed Name

Date

OFFICIAL USE ONLY

APPROVED FOR

<input type="checkbox"/> TB	<input type="checkbox"/> WH	<input type="checkbox"/> MAN	<input type="checkbox"/> BCT	<input type="checkbox"/> BPT
<input type="checkbox"/>	VMS User			
<input type="checkbox"/>	TWIC Escort			
<input type="checkbox"/>	Port ID			

Approved Denied

Signature

Date

