



Port Decal Application

TMT BI DP PCOB ILA PIER

Decal Number #1 _____ Pier Pass Number # _____

Driver: _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Position: _____

JAXPORT Badge Number _____ Expiration Date of Badge: _____

Description of Vehicle:

Year of Vehicle: _____ Make: _____ Model: _____

Color of Vehicle: _____ Tag #: _____

Driver License # _____ State of Registration: _____

Insurance: _____ Expiration Date: _____

In exchange for the use of Jacksonville Port Authority property and issuance of Jacksonville Port Authority decal, which is hereby acknowledged as good and valuable consideration. Decal applicant agrees that he/she shall fully indemnify and hold harmless the JACKSONVILLE PORT AUTHORITY from and against all claims or actions and all expenses incidental thereto based upon or arising out of the damages or injuries of every description whatsoever to persons or property due to the use of the JACKSONVILLE PORT AUTHORITY'S property, facilities and/or equipment.

Signed: _____ Date: _____

Decal must be adhered to windshield of vehicle. I agree to return decal to my employer upon leaving their employment. Decal should be returned to Access Control Centers if sold or total loss of vehicle.

Tenant FSO or Designee: _____ Approved by: _____
Print Print

 Applicant's Company Representative

 JAXPORT Access Control Agent

Please submit the completed application with the original documents- valid driver's license, proof of insurance coverage Current registration of vehicle, your Jaxport Security Badge and TWIC Badge. Pier Pass will be approved by port managers before issuance of pass.