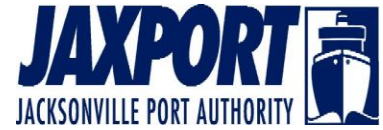


# REGISTRANT INFORMATION

## BUSINESS PURPOSE CREDENTIAL REGISTRATION



ACC NOTES:  - NEW  - RENEWAL  - TWIC RECEIPT  - CNC  - LNC

OTHER: CHR# \_\_\_\_\_ VMR# \_\_\_\_\_ TWIC EXP. DATE \_\_\_\_\_  - 215  - 210 \_\_\_\_\_

**You MUST have a TWIC along with the assigned/mailed TWIC PIN and a completed JAXPORT Registrant Information Form for processing. If you have lost your TWIC, you must have the TWIC Replacement Receipt in lieu of the TWIC.**

*(A \$25.00 Administrative fee shall be assessed for JAXPORT badge replacement and during receipt registration for lost TWIC. Acceptable forms of Payment: Credit/Debit card, Money Order, Company Check or Cashier's check ONLY, Payable to Jacksonville Port Authority.)*

LAST NAME:		SUFFIX:	FIRST NAME:		MIDDLE NAME:	REGISTRATION DATE:	
ALIAS / MAIDEN NAME :			DATE OF BIRTH:		RACE:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
HOME ADDRESS:		APT. / LOT #	CITY:			STATE:	ZIP CODE:
PRIMARY PHONE #:	ALTERNATE PHONE #:		DRIVERS LICENSE # / I.D.:			STATE:	

### FULL DISCLOSURE CERTIFICATION

I certify that I currently have or will receive the required USCG MARSEC 33 CFR 105.215 Security Awareness Training and understand my responsibilities as a facility employee w/out security duties, or 33 CFR 105.210 Security Awareness training, and understand my responsibilities as a facility employee with security duties. I understand that providing false information to obtain a seaport security identification card constitutes a felony of the third degree (FSS 817.021), punishable as provided in s. 775.082 or s. 775.083, and my JAXPORT access may be suspended if I falsify this document. I understand that within one (1) business day of termination of employment, I am required to return my JAXPORT ID Credential to my former employer or directly to the JAXPORT Access Control Center (904) 357-3344.

Applicant's Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYER / SPONSOR

**Employer / Sponsor shares equal responsibility to notify the JAXPORT ACC within one (1) business day of employee termination.**

<b>EMPLOYER:</b> (To be completed by Employer)  I certify that the information provided by this registrant is true.	BUSINESS NAME:	
	EXECUTIVE NAME (PRINTED)	
	EXECUTIVE SIGNATURE:	
	POSITION TITLE:	
	PHONE:	
	E-MAIL:	
<b>SPONSOR:</b>  Must be a tenant with current lease registered to do business at JAXPORT. Sponsor company accepts all civil liabilities to include penalties/fines and or consequential damages resulting from security incidents associated with sponsorship. I certify that the information provided by this registrant is true.	SPONSORING BUSINESS NAME:	
	EXECUTIVE NAME (PRINTED)	
	EXECUTIVE SIGNATURE:	
	POSITION TITLE:	
	PHONE:	
	E-MAIL:	

### FOR OFFICIAL USE ONLY / REQUIRED DOCUMENTS

NEW - W / TWIC  NEW - TWIC RECEIPT - TEMP ACCESS  RENEWAL - W / TWIC  LOST / STOLEN TWIC - TEMP ACCESS  CNC  LNC  
 PASSPORT #: \_\_\_\_\_  MMD  MMC  TRIBAL ID CARD  T/E ENDORSEMENT EXP.: \_\_\_\_\_  
 BADGE DESIGN:  GREEN  WHITE  RED  BLUE  YELLOW - TWIC EXEMPT (FEDERAL OFFICIALS ONLY)  
 JAXPORT ID / TWIC EXPIRATION DATE: \_\_\_\_\_ SYMMETRY #: CHR \_\_\_\_\_ VMR \_\_\_\_\_  R/S  C/W  V/E  
 REGISTRATION VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PAYMENT TYPE:  C/D  CK  MO