

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, 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.

<p>EMPLOYER: (To be completed by Employer)</p> <p>I certify that the information provided by this registrant is true.</p>	BUSINESS NAME:	
	EXECUTIVE NAME (PRINTED)	
	EXECUTIVE SIGNATURE:	
	POSITION TITLE:	
	PHONE:	
	E-MAIL:	
<p>SPONSOR:</p> <p>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.</p>	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