PORT OF PORTLAND

Marine Security Badge Application

Badge Request Version: 03/04/11

Badge #: _____

PIN #: _____

Access Code: _____

Security Training? **Y** ☐ **N** ☐

Entered By: _____
(Security Staff Initials)

Date: _____

Applicant Name: _____
Last First Middle (Initial)

Employer: _____ **Work Phone**: _____

TWIC Expiration Date: _____ **TWIC Number**: _____
(mm/dd/yyyy)

I certify that all the details on this application as they apply to me are correct and I have reviewed and understand the guidelines, rules and regulations governing security at the Port of Portland Marine Terminals and agree to abide by them. Specifically, I understand that:

- **Failure to abide by the guidelines, rules and regulations (including TWIC escort provisions) governing security may result in exclusion from the terminals or loss of access and escort privileges.**
- **I understand that this badge is non-transferable and that misuse of this badge could result in civil penalties imposed on me personally by the federal government of up to $27,500 per instance.**
- **I understand that the badge must be returned to the Port upon resignation, termination, or upon demand of a Port representative.**
- **If I lose this badge or it is stolen, I will notify Marine Security (503.240.2230) as soon as possible upon discovery.**

Applicant's Signature: _____ **Date**: _____

This section to be filled out by the Authorized Company Designee or Port of Portland Department Manager
By signature below, I have verified the above individual's information and have determined that they need access to the Port of Portland marine terminals to perform their assigned duties and the request, if any, for automated access.

_____ _____
Printed Name (Authorized Company Designee or Port Manager) Signature and Date

This individual needs access to the secure areas of the Port of Portland marine terminals as follows: *(check all that apply)*

TWIC Escort Privileges Requested? **Yes** ☐ **No** ☐

T2 ☐ **T4** ☐ **T6 Admin Only** ☐ **T6** ☐ **T6 Launch** ☐

If Temporary Badge: Contract or Job **Start Date**: _____ and **End Date**: _____
(mm/dd/yyyy) (mm/dd/yyyy)

This section to be filled out by the Authorized Designee of ICTSI Oregon, Inc if the access request is for T6 and/or T6 Admin Building
By signature below, I have verified the above individual's information and have determined that they need access to the ICTSI Oregon, Inc leased property to perform their assigned duties and the request, if any, for automated access.

_____ _____
Printed Name (Authorized Company Designee or Port Manager) Signature and Date