

KEY REQUEST / REPLACEMENT KEY REQUEST FORM

PLEASE CIRCLE ONE: *INITIAL KEY(S)* *REPLACEMENT KEY(S)*

This form is to be filled out by a Port Manager/Supervisor or Company Manager/Supervisor and by a Port Marine Key Authorization Representative.

SECTION I

Required Keyholder Information:

First Name	Middle Initial	Last Name	Employed By	BU and/or Project/Task #	Badge/TWIC #

Access Requirement (why/where) (If this is a replacement key request, also include circumstances surrounding the need for replacement.)	Length of Access Required (start & end dates or ongoing need)
<p>[Fill out actual keys required on Page 2 of this form]</p>	

Keyholder: Print Name

Keyholder: Signature

Date

By signing above, you are agreeing to Items 1, 2, and 3 below:

1. I certify that all the details on this application as they apply to me are correct, and I understand the rules, regulations, and guidelines governing security at the Port of Portland Marine Facilities. Specifically:
 - a. I understand that I am responsible for closing and securing any door or gate that I access with this key.
 - b. I understand that I may not to escort any person not holding a Port of Portland Identification Badge onto any part of the Port of Portland Marine Facilities without first having that person pass through a security checkpoint to have their identity and purpose of visit verified. Once authorized, I must remain with my escort charge until they depart the Marine Facilities.
 - c. I understand that this key is non-transferable. Misuse of my key could result in civil penalties imposed by the U.S. Coast Guard of up to \$25,000.
 - d. I understand that the key must be returned upon resignation, termination, or the demand of a Port of Portland Marine Key Representative or Marine Security Superintendent to the Marine Security Office.
2. Failure to follow the rules pertaining to access control may result in the revocation of my authority to possess a key and in disciplinary action.
3. If I lose or damage this key, I will notify the Marine Security Office at once and apply through my Manager/Supervisor for a replacement key.

Approved by Employee's:

Manager/Supervisor: Print Name

Manager/Supervisor: Signature

Date

SECTION II

To be filled out by Port Marine Key Authorization Representative.

Approved by Port Marine Key Authorization Representative:

Print Name

Signature

Date

By signing above, you, as the Port Marine Key Authorization Representative, are verifying that:

1. The appropriate key(s) is/are needed by the applicant and the applicant is qualified to have access to the areas that the requested key(s) will allow.
2. That you understand the rules, regulations and guidelines governing security at the Port of Portland Marine Facilities.
3. That the correct Business Unit or Project is noted and will be charged for the cost of replacement keys issued.

Port Marine Key Authorization Representative, please fill in the required information and key codes below.

Building & Door/Job Title	and/or	Key Code	Building & Door /Job Title	and/or	Key Code

SEND THIS COMPLETED FORM TO MARINE SECURITY FOR PROCESSING

For Port of Portland Marine Security Use Only

Marine Security to validate the above Key Codes required for this request and forward to Marine Maintenance.

Approved by Port Marine Security:

Print Name

Signature

Date

Marine Facility Maintenance – Enter the key serial numbers for each key and return to Marine Security with keys

Key Code	Serial Number	Key Code	Serial Number

Marine Security to Enter Information in Database:

Initials

Date

I acknowledge the receipt of the above Keys (Recipient's Signature): _____