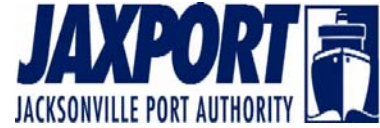


REGISTRANT INFORMATION

BUSINESS PURPOSE CREDENTIAL REGISTRATION



ACC NOTES: - NEW - RENEWAL / - TWIC CONFIRMED - TWIC RECEIPT
 OTHER:

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"/>
HEIGHT:	WEIGHT:		EYE COLOR:		HAIR COLOR:		
HOME ADDRESS:			APT. / LOT #	CITY:		STATE:	ZIP CODE:
PRIMARY PHONE #:	ALTERNATE PHONE #:		DRIVERS LICENSE # / I.D.:			STATE:	

NATION OF BIRTH: _____

I understand that Federal Law provides for Imprisonment and / or Fines for False Statements or use of False Documents in connection with the completion of this form. I attest, under penalty of perjury that I am (check one of the following):

A Citizen of the United States

A Lawful Permanent Resident

An Alien with EAD

ALIEN REGISTRATION # _____

EAD # _____

EXPIRATION DATE: _____

If you are a non – U.S. Citizen, you must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with application.

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 non-security worker. I understand that providing false information on this document may constitute a Security Violation and therefore, my JAXPORT access may be suspended. I understand that within 24 hours 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, 9620 Dave Rawls Blvd., Jacksonville, FL 32226.

Applicant's Full Name: _____ Signature: _____

Title or Position: _____ Date: _____

EMPLOYER / SPONSOR

Employer / Sponsor shares equal responsibility to notify the JAXPORT ACC within 24 hours 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:	
<p>SPONSOR: <input type="checkbox"/> SAME AS ABOVE A company currently registered to do business at JAXPORT must sponsor each registrant. I certify that the information provided by this registrant is true.</p>	E-MAIL:	
	SPONSORING BUSINESS NAME:	
	EXECUTIVE NAME (PRINTED)	
	EXECUTIVE SIGNATURE:	
	POSITION TITLE:	
	PHONE:	
	E-MAIL:	

FOR OFFICIAL USE ONLY / REQUIRED DOCUMENTS

NEW – W / TWIC NEW - TWIC PENDING - 30 DAY ACCESS RENEWAL – W / TWIC LOST TWIC - 30 DAY ACCESS CNC

PASSPORT #: _____ MMD MMC TRIBAL ID CARD COMPANY SIGNATURE AUTHORIZATION FORM

BADGE TYPE: GREEN WHITE RED BLUE YELLOW - TWIC EXEMPT (FEDERAL OFFICIALS ONLY)

JAXPORT ID EXPIRATION DATE: _____ JAXPORT ID #: _____

REGISTRATION VERIFIED BY : _____ DATE : _____