

FACILITY ACCESS AUTHORIZATION

TOP PART OF FORM TO BE FILLED OUT BY COMPANY REPRESENTATIVE

I hereby request access with the provided personal Transportation Worker Identification Card (TWIC) to be enrolled into the security system. This TWIC shall be honored at: (Check all that apply)

- City Docks Gates 24x7
- Admin Building 8AM-5PM
- CCC General Access 24x7
- City Docks Gates 0600-1800
- Admin Building All Doors – Always
- Other (Specify): _____

This enrolled TWIC shall allow the person to whom the card is issued to enter the above-designated area(s). Under no circumstance is the TWIC allowed to be used by any person other than the person to whom the card has been issued. All vehicles entering the facility are subject to search at entry, while on the facility, and when exiting the facility.

(Note: If the person to whom the card has been issued is, driving a vehicle onto the described facility the person must possess a valid driver's license and have current motor vehicle liability insurance on the vehicle being driven. If either is absent, access will be denied.)

Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Do you have a TWIC? Yes _____ # _____ No _____ Pending _____

Name of Company: _____

Business Address: _____

Business Telephone: _____

Contact Telephone: _____
(If different from business telephone)

Authorized by: _____ Date: _____
Company Representative/Title

Authorized by: _____ Date: _____
Port of Lake Charles Representative/Title

Entered by: _____ Date: _____