



**Maryland Port Administration**  
**Terminal Vehicle Access Application**  
**Steamship Trade Association Only**  
To be completed by Applicant (print or type legibly)

Applicant Name (First, MI, Last): \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer Name: STA/ILA Local# \_\_\_\_\_ Employer Ph #: 410-248-3377

Employer Address (Street, City, State Zip): Steamship Trade Association 8615 Ridgelys Choice Dr. Suite 202 Baltimore, MD 21236

Driver License #: \_\_\_\_\_ Driver License State: \_\_\_\_\_

**VEHICLE #1**

|                                                  |      |                    |                    |
|--------------------------------------------------|------|--------------------|--------------------|
| Tag #/State                                      | VIN# | Vehicle Year       | Vehicle Make/Model |
|                                                  |      |                    |                    |
| Vehicle Owner Name                               |      | Owner DOB          | Owner Ph. #        |
|                                                  |      |                    |                    |
| Vehicle Owner Address (Street, City, State, Zip) |      | Insurance Co. Name | Policy #           |
|                                                  |      |                    |                    |
| DECAL # _____ (To be completed by Decal Office)  |      |                    |                    |

**VEHICLE #2**

|                                                  |      |                    |                    |
|--------------------------------------------------|------|--------------------|--------------------|
| Tag #/State                                      | VIN# | Vehicle Year       | Vehicle Make/Model |
|                                                  |      |                    |                    |
| Vehicle Owner Name                               |      | Owner DOB          | Owner Ph. #        |
|                                                  |      |                    |                    |
| Vehicle Owner Address (Street, City, State, Zip) |      | Insurance Co. Name | Policy #           |
|                                                  |      |                    |                    |
| DECAL # _____ (To be completed by Decal Office)  |      |                    |                    |

**VEHICLE #3**

|                                                  |      |                    |                    |
|--------------------------------------------------|------|--------------------|--------------------|
| Tag #/State                                      | VIN# | Vehicle Year       | Vehicle Make/Model |
|                                                  |      |                    |                    |
| Vehicle Owner Name                               |      | Owner DOB          | Owner Ph. #        |
|                                                  |      |                    |                    |
| Vehicle Owner Address (Street, City, State, Zip) |      | Insurance Co. Name | Policy #           |
|                                                  |      |                    |                    |
| DECAL # _____ (To be completed by Decal Office)  |      |                    |                    |

I certify that the information supplied on this form is true and complete. I understand that any knowingly erroneous, misleading or fraudulent information is sufficient grounds for denial, revocation, and may subject me to criminal or civil liabilities for making false statements. I also authorize the Maryland Port Administration (MPA) to conduct any records check as necessary to verify the information I have provided. I also agree to adhere to all rules, regulations, and laws concerning vehicle operation, terminal access, and prohibited activities on MPA property as stated in Code of Maryland Regulations (COMAR) Title 11 Subtitle 5, Chapters 3 and 7. I further understand that any failure to adhere to the rules, regulations and laws noted above may result in denial of vehicle privileges and/or criminal liabilities.

Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_