

Virginia Port Authority Police Department COMPANY REGISTRATION FORM

Section A: General Information and Company Contact Sheet
 (To be filled out by a company authorized representative who will act as the contact between the company and the Virginia Port Authority. Persons designated as a company representative must complete and sign a VPA Identification Card Request Form to submit along with this form.)

Company Name: _____

Street Address: _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Fax Number** _____
(include area code) (include area code)

Briefly describe the nature of the business: _____

Section B: Company Representative Designation
 (Please identify your Primary point of contact.) (Please identify your Secondary point of contact.)

| | | | | | | | | | | | | | |
|--|----------------------|-------------------|-------------|--|--|--|--|------------------|-------------------|-------------|--|--|--|
| <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Last Name</td> <td style="width: 33%; text-align: center;">First Name</td> <td style="width: 33%; text-align: center;">M.I.</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> | Last Name | First Name | M.I. | | | | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Last Name</td> <td style="width: 33%; text-align: center;">First Name</td> <td style="width: 33%; text-align: center;">M.I.</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table> | Last Name | First Name | M.I. | | | |
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| | | | | | | | | | | | | | |
| Last Name | First Name | M.I. | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Signature | Signature | | | | | | | | | | | | |
| Title | Title | | | | | | | | | | | | |
| Phone Number | Phone Number | | | | | | | | | | | | |
| Email Address | Email Address | | | | | | | | | | | | |

Section C: Contract Work
 (For all companies completing contract work, please fill-in the following section. Please use N/A if not applicable.)

| | | |
|------------------------|-----------------------|------------------------|
| | | |
| Contract Number | Effective Date | Completion Date |

Section D: Registration Authorization
 (To be signed by a VPA/VIT Terminal Manager or Department Head who can verify the legitimacy of this company to access the marine terminals.)

| | |
|---------------------|--------------|
| | |
| Printed Name | Title |
| | |
| Signature | Date |
| | |
| Phone Number | |

Section E: VPA Police Authorization

| | |
|----------------------------------|-------------|
| | |
| Name of Approving Officer | Rank |
| | |
| Signature | Date |