



PORT OF PONCE

TWIC ESCORT REQUEST FORM FOR TERMINAL ACCESS

Please complete all sections. Any form with incomplete or missing information will be rejected.

PORT OF PONCE EMPLOYEE TWIC ESCORT		
NAME	OFFICE PHONE	MOBILE PHONE
DIVISION	FAX	EMAIL

NON-TWIC HOLDER INFORMATION		
NAME	COMPANY/ORGANIZATION	CONTACT PHONE
1-		
2-		
3-		
4-		
5-		
6-		
7-		
8-		
9-		
10-		

DETAILS OF VISIT		
LOCATION:	DATE OF VISIT:	TIME OF VISIT: FROM: TO:
ARE YOU VISITING A VESSEL YES NO	IF YES, LIST VESSEL NAME:	TYPE OF VESSEL: M/V TUG BGE
REASON FOR VISIT: _____		
<p style="text-align: center;">24 HOUR NOTICE IS REQUIRED FOR ALL VISITORS, VENDORS AND CONTRACTORS ANYONE UNDER THE AGE OF 18 WILL NOT BE ALLOWED ON TERMINALS ALL VEHICLES ARE SUBJECT TO SEARCH UPON ENTRY INTO THE FACILITY 100% I.D. CHECK NO I.D. NO ENTRY THE APPROVED ESCORT MUST CARRY A COPY OF THIS FSO APPROVED TWIC REQUEST FORM DURING VISIT</p>		
<p>By submitting this form for approval, you are certifying that you have read and understand the TWIC Escort Training Guide for the Port of Ponce Employees. You further agree to accept the role of an escort and understand the requirements of this obligation. You will notify the appropriate security level personnel of any non-conformity while performing these duties.</p>		
Initial: _____		Date: _____

FSO APPROVAL				
YES:	NO:	DATE	NAME:	SIGNATURE:

FSO - Please return escort approval authorization to fax/email listed above