

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%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">M.I.</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Last Name	First Name	M.I.				<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">M.I.</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Last Name	First Name	M.I.			
Last Name	First Name	M.I.											
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/VIM/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