



APPLICATION FOR TWIC ESCORT SPONSORSHIP

SPONSORING PORT TENANT INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

TITLE: _____

CITY: _____

CELL PHONE: _____

DATE: _____

NOMINATED ESCORT INFORMATION

FULL NAME: _____

COMPANY: _____

COMPANY ADDRESS: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

BIRTH DATE: _____

CITY: _____

CELL PHONE: _____

I ATTEST THAT I HAVE READ AND UNDERSTAND THE SECURITY ESCORT INFORMATION AND PRESCRIBED PROCEDURES AND THAT I MEET THE MINIMUM ESCORT REQUIREMENTS NEEDED TO PERFORM AS A SECURITY ESCORT. I FURTHER UNDERSTAND THAT I AM AN INTEGRAL PART OF PORT SECURITY IN THE PORT OF STOCKTON AND THAT I WILL PERFORM THE DUTIES OF SECURITY ESCORT IN A PROFESSIONAL AND RESPONSIBLE MANNNER.

NAME (PRINTED): _____

DATE: _____

SIGNATURE: _____