



(PLEASE TYPE OR PRINT IN INK)

New Jersey State Police  
Port Security Section  
24 Commerce St. Suite 701  
Newark, NJ 07102

**APPLICATION FOR CHANGE IN REGISTRATION CARD OR LICENSE**

**INSTRUCTIONS: THIS APPLICATION SHOULD BE RETURNED IN PERSON TO THE ABOVE ADDRESS.**

**1. CORRECT NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**2. CORRECT ADDRESS:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

**3. CORRECT TELEPHONE NUMBER:** \_\_\_\_\_ **4. E-MAIL ADDRESS** \_\_\_\_\_

**5. CORRECT SOCIAL SECURITY NO.** \_\_\_\_\_ **6. CORRECT COAST GUARD NO.** \_\_\_\_\_

**7. REGISTRATION or LICENSE NUMBER:** \_\_\_\_\_

Longshoreman  Security Officer  Checker

Hiring Agent  Pier Superintendent

**8.** The registration or license card and the Division's records contain the INCORRECT INFORMATION listed below and should be corrected as indicated above:

**a. NAME** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**b. ADDRESS** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

**c. SOCIAL SECURITY NO.** \_\_\_\_\_ **d. COAST GUARD NO.** \_\_\_\_\_

**THIS APPLICATION MUST BE VERIFIED. ANY FALSE ANSWER OR STATEMENT CONTAINED HEREIN CONSTITUTES A CRIME AND WILL ALSO SUBJECT TO REVOCATION ANY REGISTRATION OR LICENSE GRANTED HEREUNDER.**

\_\_\_\_\_  
(Signature of Applicant)

Do not write below this line, for State Police use only.

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_