

**NEW JERSEY STATE POLICE
PORT SECURITY**



Case Number
—FOR NJSP USE ONLY—
License Number
Issuing Agency

**Port Access Card
Application**

INSTRUCTIONS: All applicants seeking a Port Access Card must complete this form in its entirety. Read each question carefully prior to answering.

If a question does not apply to you, enter "N/A."

Date:

Name of Applicant: Last:	First:	Middle:	Suffix
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Name of Sponsoring or Prospective Employer:	Name of Employee Sponsoring :
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Address of Sponsoring or Prospective Employer:
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Position (Check all that apply):		
<input type="checkbox"/> Pier Superintendent/Hiring Agent	<input type="checkbox"/> "1969 Legislation" or "A-Type" Longshoreman	
<input type="checkbox"/> Telecommunication Agents	<input type="radio"/> Loading & Unloading of Freight into or out of Containers	<input type="radio"/> Cargo Storage or Warehousing
<input type="checkbox"/> "Deep Sea" Longshoreman	<input type="radio"/> Cargo Repairing, Marine Carpentry, Strapping, Lashing, Chocking, or Coopering	<input type="radio"/> Weighing and/or Scaling
<input type="checkbox"/> "Deep Sea" Checker	<input type="radio"/> Maintenance, Mechanical, Container and/or Equipment Repair	
<input type="checkbox"/> Port Watchman	<input type="radio"/> Other Labor or Services Specify: _____	

Referral Source:
<input type="checkbox"/> NYSA <input type="checkbox"/> ILA <input type="checkbox"/> Department of Labor <input type="checkbox"/> Veteran <input type="checkbox"/> Company: _____

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The passport photo will be used for your Port Access Card credentials. Passport photos must be in color with a plain white or off-white backdrop. A recent photo — taken in the last six months — is required.

< **Click on the box to the left to insert an image in .bmp, .jpg, .gif, .png, or .tif format.**

NOTE: The picture should only include the applicant. The picture must fit within the space provided (2½" x 2"), such as a passport photo.

I. Personal History

1. Full Name: _____
Last Name *First Name* *Middle Name* *Suffix*

2. Have you ever been known by any other name other than your present name? Yes No

If YES, list any other names you have used (*nicknames, aliases, maiden name, etc.*):

3. Date of Birth: _____ Place of Birth: _____
MM/DD/YY *City* *County* *State* *Country*

4. Social Security Number: _____

Have you ever used or been issued a Social Security number other than the one listed above? Yes No

If YES, list the other social security number(s) used or issued. Provide details, including dates and reasons used or issued:

5. Current Residence:

Residence Location: Number & Street (or R.D. #), Apt. #:	City or Town:	State:	ZIP Code:
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List the names of all individuals who live with you at this address, including family members and minors/children:

Name:	Relationship:	Telephone Number:
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6. Contact Information:

Home Telephone Number:	Cell Phone Number:	Work Telephone Number:
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Email Addresses:

List All Social Media Accounts and Current Usernames:

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7. Physical Characteristics:

Height:	Weight:	Hair Color:	Eye Color:	Race:	Ethnicity:	Gender (How you
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Scars, Marks & Tattoos (location and description):
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8. Were you born in the United States? Yes No

If No:	Age when you entered the United States: _____	Port of Entry:	Date of last entry:	Under what name did you enter?
Resident Alien Registration Number:		Employment Authorization Number:		Visa/Passport Number:

Have you ever been interviewed for deportation? Yes No

Have you ever been subject to any immigration proceedings? Yes No

If Yes, list date, where, court status or resolution (ex., pending, dismissed, etc.)

Date:	Where/Court:	Status:
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Are you a Naturalized Citizen of the United States? Yes No

If Yes:	Certificate Number:	Date of Certificate:	City & State where Certificate was Issued:
Name and Location of Naturalization Court:			

9. Drivers License Number: _____ State: _____

Have you ever had a drivers license issued by any state other than the one listed above? Yes No

If Yes, list state, date issued, and status (ex., active, expired, etc.)

State:	Date Issued:	Status:
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Has any drivers license issued to you ever been revoked or suspended? Yes No

If YES, provide details (date, state, reason):

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10. List the names of the following family members: father, mother, sister(s), brother(s), spouse, domestic partner, children, in-laws, ex-spouses, and current co-habitants, etc. : **(Please Use Annex A for additional information)**

Name:	Age:	Relationship:	Occupation:	Telephone Number:
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10a. List the names of ANY co-habitants not listed above : **(Please Use Annex B for additional information)**

Name:	Age:	Relationship:	Occupation:	Telephone Number:
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11. Have you ever applied for any of the following cards:

U.S. Merchant Mariner's Document Yes No If Yes, Card #: _____

Transportation Worker's Identification Credential (TWIC) Yes No If Yes, Exp. Date: _____

(Must apply for (TWIC) Number prior to this application.)

Has an application by you for either of the preceding cards ever been denied? Yes No

If YES, provide full details:

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12. Residences: List everywhere you have resided and with whom in the past 5 years, in **chronological order**, starting with your **present** residence **(Please Use Annex C for additional information)**

From:	To:	Number & Street	City	State	Zip Code

II. Educational History

13. List the highest grade that you completed in school: _____ Did you earn a high school diploma or G.E.D.? Yes No

Name of High School/G.E.D. Program:	Location of High School/G.E.D. Program (City, State):	Year Graduated:

14. Did you attend college? Yes No If YES:

Name of College:	Location of College (City, State):		
Subject of Study:	Years Attended:	Graduation Date:	Degree Earned:

15. Did you attend graduate school? Yes No If YES:

Name of College:	Location of College (City, State):		
Subject of Study:	Years Attended:	Graduation Date:	Degree Earned:

III. Military Experience

16. Have you ever served in the Armed Forces of the United States? Yes No If YES:

Branch of Service:	Dates of Service:	Serial Number
Rank Achieved:	Type of Discharge:	

If Discharge was other than Honorable, provide full details:

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Were you ever found guilty, after trial or by settlement, in any disciplinary proceeding, including court martial or non-judicial punishment? Yes No

If YES, provide details of charges and disposition, including dates:

17. Have you ever been rejected for military service? Yes No

If YES, provide details:

18. Have you ever applied for Veteran's Benefits? Yes No

If YES, provide details:

IV. Waterfront Commission Registration/Licensing History

19. Do you presently hold a registration or license as a:

Longshoreman/Checker Yes No If Yes, Registration #: _____

Port Watchman Yes No If Yes, License #: _____

Hiring Agent Yes No If Yes, License #: _____

Pier Superintendent Yes No If Yes, License #: _____

20. Have you ever previously applied for registration as a longshoreman or checker, or for a license as a hiring agent, pier superintendent, or Port Watchman? Yes No

If Yes, for what position: _____

Were you issued a registration or license? Yes No If YES, provide WC#: _____

If NO, explain why:

21. Are you presently working in, or have you ever worked in the Port of New York-New Jersey or any port in any capacity (including but not limited to any pier, waterfront terminal, warehouse depot, container station, or consultant work?) **(Please Use Annex D for additional information)** Yes No

Pier Number or Terminal:	Date Last Worked on that Pier/Terminal:	Location:
What was your Job?:		Approximately how many days during the last year did you work? _____

List all of your employment in the Port of New York-New Jersey during the last ten years (including any pier, waterfront terminal, warehouse, depot, or container station):

Pier Number	Dates	Employer	Duties	Union Affiliation

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22. Have you ever been decasualized (removed from registration with the Waterfront Commission or the New Jersey State Police for failure to work)? Yes No

Dates (From - To)

If YES, explain:

23. Has the Waterfront Commission or the New Jersey State Police ever denied your application for a license or registration? Yes No

If YES, explain:

24. Has the Waterfront Commission or the New Jersey State Police ever cancelled, suspended, or revoked your license or registration? Yes No

Dates (From - To)

If YES, explain:

Dates (From - To)

25. Has any government agency ever denied, cancelled, suspended, or revoked any license, registration or certification held by you? Yes No

If YES, explain:

Dates (From - To)

V. Employment History

26. List ALL employment during the last five years (*List in reverse chronological order, beginning with the most recent*):
(Please Use Annex E for additional information)

1	Employer:	Nature of Business:	Occupation:
	Dates (From - To)	Salary:	Reason for Leaving:
	Employer Address (Number & Street, City, State, Zip Code)	Direct Supervisor Name:	Contact Number:

- 26a. List all positions currently held as a member, officer, or director of a partnership, corporation, or limited liability company, for all businesses that you currently have or previously held financial interest in:
(Please Use Annex F for additional information)

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1	Employer:	Nature of Business:	Position:
	Dates (From - To)	Salary:	Reason for Leaving:
	Employer Address (Number & Street, City, State, Zip Code)	Direct Supervisor Name:	Contact Number:

27. Have you ever been disciplined in any manner by an employer (this includes being suspended, demoted, reprimanded, fined, penalized, or terminated)? Yes No

Dates (From - To)

If YES, name employer, date, action and reason for action:

Have you ever resigned pending disciplinary action or to avoid being fired or disciplined, or after having been told that you would be fired or disciplined? Yes No

Dates (From - To)

If YES, explain:

Have you ever been asked to resign? Yes No

Dates

If YES, explain:

28. Are you now, or have you ever been a member of a labor union? Yes No If YES, list union affiliates, past & present: **(Please Use Annex G for additional lines)**

Dates (From - To)

Union	Dates Affiliated
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VI. Arrest/Criminal History/Associations

Definitions — For the purposes of this question:

- A. "Arrest"** includes **ANY** detaining, holding, handcuffing, fingerprinting, or taking into custody by police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge"** includes **ANY** indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense"** includes **ALL** felonies, crimes, high misdemeanors, misdemeanors, disorderly person offenses, petty disorderly person offenses, violations, driving while intoxicated/impaired or under the influence motor vehicle offenses, and violation of probation or any court order.

29. Have you ever been arrested for, charged with, indicted for, or convicted of the commission or the attempt or conspiracy to commit (whether in New Jersey, New York, or any other state, federal court, military court or any foreign country)?

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- a) Treason, murder or manslaughter Yes No
- b) Any other felony or high misdemeanor Yes No
- c) Illegally using, carrying or possessing a weapon, or other dangerous weapon Yes No
- d) Making or possessing burglar's instruments Yes No
- e) Buying, receiving, or possessing stolen property Yes No
- f) Unlawful entry of a building, trespass or burglary Yes No
- g) Aiding an escape from prison Yes No
- h) Unlawful possessing or distributing narcotic or hallucinogenic drugs Yes No
- i) Perjury, false swearing or falsification on records Yes No
- j) Any crime or offense — *Specify:* _____ Yes No

30. List **ALL** Arrests (**Please Use Annex H for additional information**)

Date	Place	Charge	Court	Final Disposition

31. Have you ever been on probation or parole? *Check all that apply:* Probation Parole

Probation or Parole Officer's Name

Date: From	To	Court of Conviction	Location

32. Have you ever been committed to prison, reformatory, penitentiary, or other institution?

If YES, provide the following information:

Yes No

Date Committed	Charge	Name of Institution	Date of Release

33. (a) Have you ever been named for any reason, or referred to in any indictment or other accusatory instrument (*including as an unindicted co-conspirator*) or been named in or as the subject of a search warrant or court ordered electronic surveillance? Yes No

If YES, provide details:

(b) Have you ever been subpoenaed, called as a witness, questioned or interviewed, or asked to provide testimony or documents before any federal, state, or local prosecutor, court, legislative, civil, regulatory or criminal investigative body (*including the Waterfront Commission of New York Harbor*), or grand jury? Yes No

If YES, provide:

Date	Body/Agency	Matter Involved	Role

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Date	Body/Agency	Matter Involved	Role

34. Have you ever asserted the Fifth Amendment privilege against self-incrimination or refused to testify before any federal, state, or local prosecutor, court, legislative, civil, or criminal investigative body, or grand jury, or been cited for contempt of any court, legislative, civil, or criminal investigative body, or grand jury? Yes No

If YES, provide:

Date	Body/Agency	Matter Involved

35. Have you been informed, or do you have any reason to believe, that you are under investigation by any federal, state, or local prosecutor, legislative, civil, or criminal investigative body, or grand jury? Yes No

If YES, provide:

Body/Agency	Matter Involved	Date	Outcome or Status

36. (a) Have you been informed, or do you have any reason to believe, that you currently are, or have previously been, the subject of an investigation, or of a complaint filed, which alleged child abuse or domestic violence? Yes No

(b) Has a family court or any other lawful authority ever rendered a finding indicating that you have abused or neglected a child? Yes No

- Temporary Restraining Order
 Final Restraining Order
 High Risk Restraining Order
 Sexual Assault Restraining Order

Complaint Number

If YES, to either of the above, provide details, including dates, below:

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37. Do you know anyone that you believe or known is a member or associate of an organized crime group, or that you have been told is a member or associate of an organized crime group? Yes No

If YES, provide details, including the identity of the person(s) and the nature and dates of your relationship(s), if any, below:

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(a) Have you ever associated with any person who is known or reputed to be a member or associate of an organized crime group, or that you have been told is a member or associate of an organized crime group? Yes No

If YES, provide details, including the identity of the person(s) and the nature and dates of your association below:

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38. Do you know anyone who has been convicted of gambling, money laundering, bribery, extortion, loansharking, sale of narcotics or conspiracy? Yes No

If YES, provide details, including the identity of the person(s) and the nature and dates of your relationship, below:

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39. Do you know anyone who you believe or know is a member or associate of a terrorist group, or that you have been told is a member or associate of a terrorist group? Yes No

If YES, provide details, including the identity of the person(s) and the nature and dates of your relationship, below:

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VII. Civil/Administrative Proceedings

40. (a) Have you been involved as a party to any civil litigation, administrative action, or administrative proceedings commenced within the past ten years, including divorce proceedings? Yes No If YES, provide:

(Please Use Annex I for additional information)

Title of Action	Date Commenced	Court or Agency	Subject Matter Involved	Outcome or Status of Action

- (b) Have you ever had an order of protection entered against you? Yes No

If YES, provide details, including dates and court of issuance, below:

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41. Are you now a party to any lawsuit pending in any federal, state, or local court? Yes No

If YES, provide details:

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42. Have you ever had any financial liens or judgments against you, including, but not limited to, tax liens (Federal and/or State), mortgage liens, bankruptcy, child support, etc.? Yes No

If YES, provide details:

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VIII. Drug Use History

43. Excluding marijuana, do you **NOW** use, or have you **in the past 5 years** tried, experimented with, or used a controlled substance, narcotic, or hallucinogenic drug (including, but not limited to, cocaine, heroin, methamphetamine, LSD, Oxycodone, ecstasy, uppers, downers, barbiturates, or prescription drugs obtained or taken without a prescription, etc.)? Yes No

If YES, Date Last Used or Tried: _____ Explain below in full detail:

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IX. Miscellaneous

44. (a) Do you have any license or permit to carry a firearm? Yes No If YES, provide the following:

Issuing Body:	License/Permit Type:	Basis for License/Permit:	Date Issued:	Date Expires:

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(b) Have you ever had a license or permit to possess or carry a firearm revoked or suspended, or an application for a license or permit to possess or carry a firearm denied? Yes No *If YES, provide the following:*

Date of Suspension or Denial:	Issuing Body:	Reason or Basis for Revocation, Suspension or Denial:

45. Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force or violence, either to overthrow the government of the United States or which seems to deny others their rights under the constitution of the United States or the state of New Jersey? Yes No

If YES, explain in full detail:

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46. Provide three references: *(Not related to by marriage or blood and/or current employment application)*

1.	Name	Address	Telephone
2.	Name	Address	Telephone
3.	Name	Address	Telephone

ACKNOWLEDGMENT

I understand that providing any false answer or information, or intentionally failing to include required information herein, constitutes a crime and may also be the basis for a denial of this application.

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RELEASE AUTHORIZATION

To: All Police Departments, Probation Departments, Selective Service Boards, Employers, Financial Institutions, Educational Institutions, and other such institutions, and all Government Agencies - federal, state, and local, without exception, both foreign and domestic

I, _____, have authorized the New Jersey State Police to conduct a full
Print Name

investigation into my background and activities.

Therefore, you are hereby authorized by any employer or agent of the New Jersey State Police provided that he or she certifies to you that I have an application or prequalification request pending before the New Jersey State Police or that I am presently a licensee, registrant or other person required to be qualified under the provision of the Waterfront Commission Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

I, _____, on this day, _____, acknowledge that the
Print Name Date
above statements are true to the best of my knowledge. I am personally appearing before a Notary Public for The State of New Jersey, to affirm this statement.

Applicant Signature

Date

Annex A

(Question 10 continued)

Annex B

(Question 10a continued)

Annex C
(Question 12 continued)

Annex D

(Question 21 continued)

Annex E

(Question 26 continued)

Annex F

(Question 26a continued)

Annex G

(Question 28 continued)

Annex H

(Question 30 continued)

Annex I
(Question 40 continued)