



PORT AUTHORITY OF TRINIDAD AND TOBAGO



PORT PASS APPLICATION FORM

Name of Company			
Company Registered Address			
Last Name			Gender – M F
First Name		Middle Name	
Address			
City/Area		Email:	
Phone (Home)		National I.D #	
Phone (Work)		Drivers Permit #	
Phone (Cell)		Issue Date:	Expiry Date:
Occupation:		Clerk/Broker # (If Applicable)	

COMPANY AUTHORIZATION (If Applicable)	
Manager Signature _____	
Manager Responsible _____	
Date ____ / ____ / ____ (DD/MM/YY)	
COMPANY STAMP	

FOR OFFICIAL USE – TO BE COMPLETED BY PORT SECURITY PERSONNEL	
Status: Approved Denied	
If denied, state reasons:	
Signature Of Officer _____	
Wharf Pass No. _____	
Date ____ / ____ / ____ (DD/MM/YY)	

Please provide the following with **COPIES**:

- Letter of Authorization from Company
- Two (2) forms of I.D. (Customs/Brokers License # as required)
- Police Record of Good Character