

**South Carolina Ports Authority Police Department
DECAL APPLICATION**

Application Date _____ TWIC Eight Digit Number _____ TWIC Expiration Date _____

APPLICANT INFORMATION

Last Name _____ Date of Birth _____
First Name _____ M.I. _____ Drivers Lic. No. _____ State _____
Street Address _____ Telephone No. _____
City _____ State _____ Job Title _____

COMPANY/EMPLOYER INFORMATION

Company/Employer Name ILA LOCAL 1771 - CLERKS & CHECKERS
Company/Employer Address 2113 COURTLAND AVE
City CHARLESTON State S.C. Zip Code 29403 Telephone Number (843) 723-2410

READ CAREFULLY

Display Decal Inside Windshield on Drivers Side Lower Left - Expiration Date Above Decal

You hereby acknowledge the following rules and regulations by signing this application: All vehicles entering and departing all South Carolina Port Authority Facilities are subject to inspection and search by members of the SCPA Police Department. You also acknowledge receiving a copy of the SCPA rules and regulations. **Decals remain property of the SCPA. If you trade or sell your vehicle, or replace your windshield, decals must be returned (even if in small pieces, or the decal has expired, or you are no longer using the vehicle) back to Port Police Headquarters.** All persons entering SCPA facilities must acknowledge waiver of all claims against the SCPA and its employees for damages resulting from operation within SCPA facilities.

Vehicle License No. _____ State _____ Vin # _____
Make _____ Model _____ Color _____ Year _____
Insurance Co _____ Address _____

For Department Use Only	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renew
Date Decal Issued:	_____
Issued By:	_____
Decal #:	_____
Decal Color:	_____
Amt. Paid: \$	_____
Date Decal Returned:	_____
Received By:	_____

☐ I Received FSP Training

Applicant Signature _____

Print Name _____

Employer Signature [Signature]

Print Name LANCE McMAUGHZIN