

Credential Center
ID ACCESS REQUEST FORM



Incomplete applications will **not** be processed

idbadgescheduling@portseattle.org

PLEASE PRINT IN INK

TO BE COMPLETED BY APPLICANT OR COMPANY

Company Name:	Company Email Address:	Company Phone :
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Company Type (Choose One):	<input type="checkbox"/> Port of Seattle	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vendor	<input type="checkbox"/> Government	<input type="checkbox"/> Contractor	<input type="checkbox"/> Consultant
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Access Requested for:	<input type="checkbox"/> Individual—Employee Legal Name: <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> POS Employee Number: _ _ _ _ _	<input type="checkbox"/> Job Title—List all job titles to add access to: <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>	<input type="checkbox"/> All Employees
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To request additional access to your Port of Seattle ID badge please ensure this form is completed in full. If you are requesting access to another company's work area a co-signature from that company is required. Specific access points require Port of Seattle approval. Requesting access is not a guarantee that access will be granted. Please list specific locations below and door numbers.

ACCESS REQUESTED		Access that requires additional Port of Seattle approval		
Location	Door Number	Printed Name	Signature	Phone #

TO BE COMPLETED BY AUTHORIZED SIGNER

JUSTIFICATION FOR ACCESS REQUESTED. PLEASE BE SPECIFIC:

Authorized By (Please Print):	Authorized Signature Approval (Signature must be on file with Credential Center):	Email Address:	Date
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Co-signature (if applicable, i.e., if accessing a different company's work area):	Printed Name of Co-Signer:	Email Address:	Date
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PORT OF SEATTLE USE ONLY

Form Received By:	Date:	Approved/Denied:	Access Entered By:	Date:
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Signature Approving POS Authority:	Date:
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