

**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 _____

Company/Employer Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

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

☐ New ☐ 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 _____

Print Name _____