



PORT POLICE DIVISION

PAG I.D. CARD POLICY, INSTRUCTIONS AND APPLICATION FORM

POLICY: It is the policy of the Port Authority of Guam that PAG employees, agents, tenants, users, and any persons conducting regular business at the Port are required to have a PAG I.D. card issued by the Port Police Division. Expired Port I.D. must be relinquished to the Port Police Division prior to obtaining a renewal. Lost or misplaced Port issued I.D. must be reported to the Port Police immediately. A copy of Guam Police Clearance (not older than 3 months from issued date) must be submitted prior to reissuance of duplicate Port I.D.

INSTRUCTIONS:

- A \$5.00 fee is required for new, renewal and/or replacement of PAG I.D. card.
- Application forms are available at the Port Police office Monday thru Friday from 8:00 a.m. to 5:00p.m.
- Prior to submitting a completed application form to the Port Police office for approval by the Port Police Chief or designee, a photocopy of a valid Government-issued I.D. such as a driver's license, Guam I.D., or passport, and a valid Guam Police clearance (not older than 3 months from issued date) must be attached.
- Upon approval, payment must be made at the Tariff/Entry Window located on the 1ST floor of PAG Administration building.
- PAG I.D. cards are issued Monday through Friday from 9:00 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00pm. (excluding holidays)
- PAG I.D. cards are valid for one (1) year from the date of issue. I.D. card holders are responsible for renewal fifteen days prior to expiration to prevent delays.

Date of Application _____

TYPE OF PAG ID REQUESTED: / / New / / Renewal / / Replacement

Agency/Company: _____ Job Location: _____

Agency/Company Contact No.: _____

Position/Title: _____

Supervisor's Name/Contact No/Email.: _____

Applicant Last: _____ First: _____ Middle: _____

Date of birth: (MM/DD/YYYY): _____ Age: _____ Ht: _____ Wt: _____

Hair Color: _____ Eye Color: _____ / / MALE / / FEMALE

EMPLOYEE ID #: _____ SSN/DL#: _____

DISCLOSURE: Furnishing this information is voluntary. However, failure to provide the requested information may delay or prevent the completion of your security assessment, which may prevent your access to this Maritime Transportation Security Act (MTSA) regulated facility. Additionally, knowingly providing false information is a violation of Title 9 Guam Code Annotated, section 52.30.

I hereby authorize Port Police to conduct a background check to confirm authenticity of the information provided. Any false statement or omission on this application will be sufficient cause to revoke the PAG I.D. card.

All required documents submitted with this application will become the property of the Port Authority of Guam and will be kept for record purposes only in accordance with retention schedules.

By affixing my signature, I am verifying that I have read and understand the application policy, instructions, and disclosures. I voluntarily provide the information necessary to conduct the security assessment and background check required to enter this MTSA regulated facility.

APPLICANT SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Date Received: _____

Clearance Conducted By: _____

PAG I.D. #: _____

I.D Processed By: _____

Comments: _____

BY DIRECTION:

**JESSE S. MENDIOLA
PORT POLICE CHIEF**