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COMMERCIAL AND PORT POLICE

APPLICATION FOR PORT DECAL OR TEMPORARY PASS

POLICY

It is the policy of the Port Authority of Guam that shipping agents, tenants and/or users must attain insurance coverage fulfilling all requirements as specified on Policy Memorandum No. 97-01 (Insurance Requirements) to obtain clearances from both the Commercial and Port Police Division to attain Port decal(s) or Temporary pass. You may obtain a copy of the Insurance Requirements from either division. #

INSTRUCTIONS

1. All businesses are required to submit to Port Commercial Division photo copies of:
 - A. Current business license(s).
 - B. Insurance Certificate with a minimum of \$1M insurance, \$500K Cargo Liability (per vehicle) insurance and Worker's Compensation coverage including the **Port Authority of Guam as an additional insured and certificate holder**. In addition, a schedule of all vehicle(s) and heavy equipment covered on such insurance policy.
 - C. Vehicle registration and drivers' license for each vehicle/equipment/operator of the company requesting for access into the Terminal Compound. Insurance policy number of certificate must be reflected on the vehicle registration.
2. Complete the application below for each vehicle/equipment with documents (i.e. insurance coverage card, vehicle registration, equipment registration) attached.
3. Application will be reviewed and upon clearance, the issuance of decal(s) will be processed. Vehicles requiring decals must be brought to the Port Police Office to be affixed by the issuing officer.
4. Exception to the \$1M coverage: An interchange agreement or written authorization from requesting tenant that they will indemnify the Port from any liability or property damages caused by the tenant's visitor/merchant which must be submitted to the Port Police Division.

PLEASE PRINT LEGIBLY

APPLICATION SUBMISSION DATE:

COMPANY/AGENCY NAME		COMPANY/AGENCY CONTACT NUMBER(s)		FAX NO.
INSURANCE COMPANY	GENERAL LIABILITY AMOUNT & EXP. DATE	CARGO LIABILITY AMOUNT & EXP. DATE	VEHICLE/EQUIPMENT AMOUNT & EXP. DATE	WORKER'S COMP YES / NO
LICENSE PLATE NO.	VEHICLE/EQUIPMENT	VEHICLE/EQUIPMENT DESCRIPTION (Make/Model/Year)		
APPLICANT'S NAME (First/Middle Int./Last)		POSITION TITLE	D.O.B./SSN	
JOB LOCATION		MAILING ADDRESS		
<p>I, the undersigned, hereby certify that the information herein provided is true and correct. I hereby authorize the Port Police to conduct a background check to attest the authenticity of the information provided. Any false statement or omission of information in this application and tampering of decal will be sufficient cause to revoke or recall the issued decal.</p> <p style="text-align: right;">DULY AUTHORIZED REPRESENTATIVE'S SIGNATURE</p>				

VERIFIED BY:

VERIFIED BY:

APPROVED BY:

ISSUING OFFICER:

COMMERCIAL

PORT POLICE

PORT POLICE CHIEF
By Direction

DECAL NO. _____

(REVISED MARCH 2017)

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