



# TEMPORARY PERMIT APPLICATION

Terminal/s	Date Issued	Date Expires	Permit Number
Purpose of Visit: _____			
Sponsor Company: _____		Sponsor Name & Number: _____	
Applicant's Name: _____		Job Title: _____	
Applicant's Supervisor/Manager: _____		Phone Number: _____	
Vehicle License Number: _____		State: _____ VIN#: _____	
Vehicle Make: _____	Model: _____	Color: _____	Year: _____
Vehicle Registered Owner: _____			
Address: _____		City: _____	State: _____ Zip: _____
Vehicle Insurance Co. _____			
Address: _____		City: _____	State: _____ Zip: _____

**\*Attach a copy of the vehicle registration, proof of insurance, driver's license and TWIC card of all authorized drivers.**

### PLEASE READ CAREFULLY

**This temporary permit authorizes me to access the specified SCPA Terminal (s) for the purpose of conducting contractual work on or visiting SCPA property. I am permitted to drive only to the area I am contracted to work in or a designated parking area. Driving in any other area will cause me to lose this privilege. I will obey all traffic regulations, signs, traffic control markings and other SCPA rules and regulations. I agree not to park in any area that impedes traffic flow, heavy equipment operations or that is hazardous. I acknowledge that my vehicle is subject to search by SCPA Police. I will return this permit to the gate officer when my project / or visit is completed. The SCPA assumes no responsibility and shall not be liable for loss through fire, theft and collision or otherwise to the vehicle or contents. As further consideration to operate or drive my vehicle on the terminal, I represent that the vehicle and contents are insured and I waive any and all claims against the South Carolina Ports Authority for damage or loss to the vehicle or contents while on the terminal.**

Applicant's Signature: _____	Date: _____
Applicant's Supervisor/Manager Signature: _____	Date: _____
SPA Representative Signature: _____	Date: _____