

# SEA LINK®

ExpressPort Plaza  
1160 McLester St., Unit 3  
Elizabeth, NJ 07201

Email: TSCSUPPORT@PANYNJ.GOV

## OFFICE HOURS:

Monday - Friday  
6:30am – 5:00pm

Office: 908-354-4044

Fax: 908-355-0108

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## COMPANY REGISTRATION

COMPANY NAME: \_\_\_\_\_

COMPANY SCAC: \_\_\_\_\_  
*(Application cannot be processed without a valid Standard Carrier Alpha Code and a copy of your SCAC registration form from the National Motor Freight Traffic Association, Inc)*

### BUSINESS MAILING ADDRESS:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CORRESPONDENCE ADDRESS (If different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### COMPANY AUTHORIZATION:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

The trucking company is responsible for notifying **SEA LINK®** when a driver is terminated, or an ID card is to be voided.

Cards belong to the drivers and are their responsibility.

**SEA LINK® IS NOT RESPONSIBLE FOR:** Errors in the information furnished to the trucking company; failure to furnish or update information by the trucking company; forgeries or misuse of the **SEA LINK®** ID card; failure of terminal operator's equipment or personnel; failure of the ACES system.

### SEA LINK® Use Only

Registration Process	Time: _____	By: _____
Confirmation Process	Time: _____	By: _____