



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

NEW ADD ON REMAKE	SPECIAL REACTIVE NO CHARGE	SEA LINK® Use Only	
Received: _____	By: _____	App: _____	Of: _____
Check #: _____		\$ _____	Pick/Mail (circle One)

DRIVER ID APPLICATION

DRIVER NAME: _____
Last First MI

DRIVER LICENSE #: _____ STATE: _____ EXP DATE: _____

SEALINK #: _____

DRIVER PHONE #: _____ () _____

DRIVER EMAIL ADDRESS: _____

DRIVER SIGNATURE: _____
(Signature required. Please print form, sign then fax or email)

COMPANY NAME: _____ SCAC: _____

SIGNATURE: _____ DATE: _____



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DRIVER ID APPLICATION

IF USING AGENT: (Must be Pre-Registered in SEA LINK)

AGENCY: _____

REPRESENTATIVE: _____
ID mailed to Representative (Please print name) *TITLE*

SIGNATURE: _____ DATE: _____

TELEPHONE: _____ FAX: _____

COMPANY EMAIL: _____

PLEASE READ THE LISTING OF RESPONSIBILITIES WHICH FOLLOWS:

This card is the property of **SEA LINK®** who reserves the right of retrieval at any time for any reason.

It is the trucking company's responsibility to notify **SEA LINK®** when a driver is terminated, or an ID card is to be voided.

The card is the driver's 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.