

SEA LINK®

ExpressPort Plaza
Building 1160, Unit 3
Elizabeth, NJ 07201

OFFICE HOURS:
MONDAY - FRIDAY
7:30 AM - 5:00 PM

PHONE: (908) 354-4044
FAX : (908) 355-0108

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: _____

(Signature required. Please print form, sign and fax or mail.)

Print name: _____ Title: _____

The trucking company is responsible to notify The Port Authority of NY & NJ when a driver is terminated or any ID card is to be voided.

Cards belong to the drivers and are their responsibility.

The Port Authority is **not** responsible for: a) Errors or omissions of Port Authority staff; b) Errors or omissions of FJC Security staff; c) Forgeries or misuse of the SEA LINK ID card; d) Failure of Terminal Operators' equipment and/or personnel; e) Failure of the GXS Electronic Data Interchange Network.