



ZONE WATCH APPLICATION

Applications must be completed in ink. Do not fold or bend.

FOR OFFICE USE ONLY

INITIAL: _____ RENEWAL _____ REPLACEMENT: _____
METHOD OF PAYMENT: _____ RECIEPT # _____
ID VERIFIED # _____
OLD BADGE # _____ EXPIRES _____ NEW BADGE # _____

APPLICANT SECTION: (To be completed by applicant)

Name: _____ Date of Birth: _____
(Last / First / Middle Name) (Month / Day / Year)
All maiden names/previous names/aliases used: _____
Social Security Number: _____ Sex: _____ Race: _____
Alien Registration Number (if applicable): _____ Exp. Date: _____
USCG License Number (if applicable): _____ Exp. Date: _____
Place of Birth: _____ Citizen of: _____
(City / State / Country)
Color of Eyes: _____ Color of Hair: _____
Height: _____ Weight: _____

CURRENT ADDRESS: Street: _____ City: _____
State/ZIP: _____ Phone: _____
From Date: _____ To Date: _____

ARREST **HAVE YOU BEEN CONVICTED OR HAD A FINDING OF GUILT FOR ANY FELONY IN ANY JURISDICTION (including withheld adjudication)**

Yes _____ No _____ IF YES, COMPLETE THE FOLLOWING

Crime Charge: _____ Date: _____
Police Agency: _____ Disposition: _____
(List any additional felony convictions on a separate sheet of paper)

(Continue)

**ZONE WATCH PARTICIPANT – STANDARD OF CONDUCT
BY INITIALING THE FOLLOWING, I ACKNOWLEDGE:**

1. All Zone Watch credentials are the property of the United States Coast Guard. _____
2. Zone Watch credentials are not transferable and must be in the possession of the operator at all times while accessing the security zone. _____
3. The Captain of the Port, in consultation with the MCPA Director of Seaport Security reserves the right to suspend or revoke an individual's authorization to participate in the Zone Watch program when such action is warranted.

4. Zone Watch participants should notify seaport security whenever they observe any suspicious behavior, activities, or circumstances. _____
5. All Zone Watch participants must comply with the all federal, state, and county regulations as applicable, including the county ordinance protecting sea grass around Manbirtee Key. _____
6. All Zone Watch participants will contact the MCPA Security Department prior to entering the security zone. _____
7. Zone Watch participants will display the approved Zone Watch identification pennant/placard while accessing the security zone.
8. Participants are required to continuously monitor Channel 16 VHF/FM while within the security zone. _____
9. Participants will be required to heed the direction of federal, state and local personnel charged with the enforcement of the security zone, including the direction of MCPA security personnel. _____

Authority: 49 USC 114, 50 USC 191, and 33 CFR 125.

Purpose: The Department of Homeland Security will use this information to conduct a security threat assessment.

Routine Uses: The information will be used by and disclosed to U.S. Department of Homeland Security Personnel and Contractors or other agents who need the information to assist in activities related to port security. DHS may share this information with facility operators, law enforcement or other government agencies as necessary to respond to potential or actual threats to transportation security, pursuant to its published Privacy Act system of records.

Furnishing the Social Security Number is voluntary. However, failure to submit the requested information may delay or prevent the completion of your threat assessment, which may prevent your authorization to participate in the program.

(Employee Signature)

(Date)

(Witness Signature)

TRAINING CERTIFICATION

Date Training Conducted: _____

Signed: _____