

PORT OF LAKE CHARLES



Non TWIC Truck Driver Escort Pass

Date:		FORM NO	
Time Arrived at Truck Control:			
Driver's Name:			
Driver's CDL Number:			
Truck License Number:			
Receiving Officer:			
Scheduled Arrival: (Circle One)	YES or	NO	
If "unscheduled arrival" – time of cor	nmercial acceptance of the	truck:	
Payment Method: (Circle One) (A copy of the driver	Credit Card Co	ompany Check the form retained by th	
Time Escort Accepted Driver:	Escort initials	Truck Driver in	nitials
Time Escort Returned Driver:	Escort initials	cort initials Truck Driver initials	
Total Time Escorted (minutes)	Escort initials	Truck Driver initials	
Total Payment Due:		_	
Person Processing Out:			
By signing this form below, you ar understand the requirements and o duties to the best of your ability and non-conformities while performing	duties of this obligation and dwill notify the Harbor Poli	I will perform those re	equirements and
Escort Name:	Compan	y:	
Escort Signature:	Date:		