



**ST. VINCENT AND THE GRENADINES PORT AUTHORITY**  
**ISPS CODE ID RENEWAL FORM (Single Entry)**

Please submit the form two (2) weeks in advance to the ID Room at the Kingstown Port Authority **ID Processing Office**. Persons working on their own behalf are required to submit **police record** along with this application.

A fee of \$40.00 is payable to the Kingstown Port Tail Gate Office, Campden Park Port Tail Gate Office or at the Cruise Ship Berth Ticketing Booth. ID is valid for a two (2) years period.

Name of Agency/Company:

| Name/s of Employee/s                |         |            |                        |         |             |
|-------------------------------------|---------|------------|------------------------|---------|-------------|
| First Name                          | Surname | Occupation | National ID #          | Address | Telephone # |
| 1.                                  |         |            |                        |         |             |
| 2.                                  |         |            |                        |         |             |
| Last SVGPA ID No.                   |         |            |                        |         |             |
| National ID/Passport No.            |         |            |                        |         |             |
| Receipt No.                         |         |            | Date Paid for first ID | MM:     | DD: YY:     |
| Reason/s for reapplying for new ID: |         |            |                        |         |             |
|                                     |         |            |                        |         |             |
|                                     |         |            |                        |         |             |
| Agent/Representative Signature:     |         |            |                        |         |             |
| Applicant's Signature:              |         |            |                        |         |             |

| FOR OFFICIAL USE ONLY                                                     |  |                       |  |     |         |
|---------------------------------------------------------------------------|--|-----------------------|--|-----|---------|
| Signature of receiving Officer                                            |  | Date paid for new ID  |  | MM: | DD: YY: |
| New ID Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> |  | New SVGPA ID No.      |  |     |         |
| Receipt No.                                                               |  |                       |  |     |         |
| Amount \$                                                                 |  | Expiry date of new ID |  | MM: | DD: YY: |
| No. of New ID's                                                           |  | Other remarks         |  |     |         |
| Authorized Signature                                                      |  |                       |  |     |         |