

## Port Relief Program Portal - Applicant Information Form

Applicant Entity:

Chief Executive Officer (or  
designated authority):

Name of Applicant:

Last 4 Digits  
SSN\*:

Email address:

Mailing Address:

LaGov Vendor Number:

I have applied for a LaGov  
Vendor ID

To apply visit [https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?quest\\_user=self\\_reg](https://lagoverpvendor.doa.louisiana.gov/irj/portal/anonymous?quest_user=self_reg)

Federal Tax ID Number:

DUNS Number:

Signature of Chief Executive  
Officer (or Designee):

CEO Contact Number:

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Applicant Name (printed):

Applicant Title (printed):

Applicant Signature:

Date:

Complete form and email a copy to [PortRelief.Fund@la.gov](mailto:PortRelief.Fund@la.gov)

*\*The last 4 digits of the SSN are requested only for password security purposes.*