



Gulf Ports Association *of the* AMERICAS

PORT INFORMATION FORM

Name of Your Port: _____

Address: _____

Contact Person: _____

Phone Number(s): _____

ECONOMIC IMPACT

Annual Budget \$: _____

Dollars Generated to Local Economy \$: _____

Direct Jobs: _____

Indirect Jobs: _____

Rank in Foreign Tonnage: _____

Rank in Domestic Tonnage: _____

Annual Tonnage: _____

Top Five Commodities That Move Through the Port:

1. _____
2. _____
3. _____
4. _____
5. _____

Top Five Trading Partners:

1. _____
2. _____
3. _____
4. _____
5. _____

Please return completed form by email to: gulfportsaa@aol.com