

**COMPANY AUTHORIZATION SIGNATURE LETTER
SUBMIT ON COMPANY LETTERHEAD**

Date

Port of Miami
Credentials Section
1015 North America Way, 2nd Floor
Miami, Florida 33132

To Whom It May Concern:

The names signed below are authorized signatures for POM ID and Credentials (Port of Miami Identification Cards, Special Dock Permits, etc) requests. No other signatures are to be honored. We will notify you immediately of any changes.

We acknowledge that in signing a POM ID and Credential letter of request, the authorized party is certifying that the applicant is employed by our company and that the applicant is being submitted for a POM ID and Credential in accordance with Miami-Dade County, Florida, Code of Ordinances, Chapter 28A, and the Code of Federal Regulations (33CFR105).

We also agree that this applicant will use the POM ID and Credential only to conduct official business for this company. Finally, we agree to return all POM ID and Credentials immediately upon expiration or termination of the employee. We understand that failure to comply with the above may result in the suspension of POM ID and Credential privileges to our company.

Sincerely,

Signature of Company Representative

Print Name and Title

NOTE: A maximum of 3 authorized signatures are allowed and must be properly listed below. Any additional signatures will cause this document to be invalid.

NAME AND TITLE OF AUTHORIZED
COMPANY REPRESENTATIVES:

SIGNATURE OF AUTHORIZED
COMPANY REPRESENTATIVES:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____