



**MIAMI-DADE POLICE DEPARTMENT
 RESOURCE MANAGEMENT BUREAU
 9105 N.W. 25TH STREET
 MIAMI, FLORIDA 33172**

OFF-REGULAR-DUTY POLICE SERVICE PERMIT APPLICATION

Temporary

Permanent

The MIAMI-DADE POLICE DEPARTMENT, is NOT obligated to provide Off-Regular-Duty Police Service. A permit will not be issued to any person, firm, or organization whose officers, members, business, or operations are questionable or for any event that will discredit the employee or Department.

It is understood that, notwithstanding the fact that the permit holder will reimburse Miami-Dade County for the services rendered, the police personnel remain employees of the Miami-Dade Police Department. The applicant is restricted to the general assignment of duties to be performed and has no authority over the police personnel.

It is further understood by all parties that a police officer performing off-regular-duty service who takes police action falling within the purview, or on the permit holder's premises, shall remain in an off-regular-duty service status for the duration of time it takes to complete the processing of such action. Any time beyond that originally contracted for which is used to complete the processing of the police action shall be paid for by the permit holder. However, an officer taking police action outside the purview of the permit, or off the permit holder's premises, will revert to an on-duty status.

All compensation due for services performed will be paid in check or money order form, payable to the Board of County Commissioners, and forwarded to the Miami-Dade Finance Department, Credit & Collection Section—Off-Duty Police, 111 N.W. 1 Street, Suite 2630, Miami, FL 33128-1980. Payment is due upon receipt of Off-Regular-Duty Police Services invoice. Accounts thirty (30) days in arrears will be subject to finance charges at the maximum legal rate. Any compensation over and above the rate established by ordinance is prohibited.

DATE: _____ FEDERAL TAX ID NO.: _____

APPLICANT/BUSINESS NAME: _____
(Business or Organization)

TELEPHONE: (_____) _____ FAX: (_____) _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

NAME OF AUTHORIZED AGENT REQUESTING PERMIT:

(First) (Middle) (Last)

SSN: _____ DOB: _____ Race: _____ Sex: _____
(MO.-DAY-YR.)

HOME ADDRESS: _____ HOME PHONE (_____) _____

CITY: _____ STATE: _____ ZIP _____

Is requesting to engage the services of Off-Regular-Duty Police Personnel of the Miami-Dade County, Miami-Dade Police Department, for public safety services that are in addition to those provided generally to the public.

PERIOD OF EMPLOYMENT: BEGINNING DATE _____ ENDING DATE _____

HOURS TO BE WORKED: _____ Hrs. From _____ To _____ From _____ To _____

SPECIFIC LOCATION OF POLICE SERVICE: _____

SPECIFIC SERVICE TO BE PERFORMED: _____

Other Equipment Requested: No _____ Yes _____

- Motorcycle Marked Police Vehicle Horse and Trailer Helicopter
- Airplane Canine Air Fills All Terrain Vehicle

Additional Concerns: _____

Number of Police Personnel Required: Supervisor _____ Officers _____ Motorcycle Officers _____

Additional Permits (If Required) STATE NO. _____ COUNTY NO. _____

A permit holder may relinquish his permit at any time. However, in the event of such relinquishing, the permit holder shall be required to pay a reasonable compensation for all expenses incurred to provide the services authorized by the permit. The permit holder will be assessed a 3-hour minimum rate for each hiree.

A credit report will be conducted to establish if the applicant's credit history meets the Department's requirements.

THIS PERMIT MAY BE CANCELED BY THE DIRECTOR OF THE MIAMI-DADE POLICE DEPARTMENT, OR HIS AGENT, AT ANY TIME WITH OR WITHOUT CAUSE. THE PERMANENT PERMIT WILL BE REVIEWED ANNUALLY.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE WITH THEM.

Signature of Permit Holder/Agent

Occupation - Name of Business

Business Telephone Number

Witness

AFTER INVESTIGATING THIS REQUEST, IT IS RESPECTFULLY RECOMMENDED THAT THIS APPLICATION BE:

APPROVED

DATE

DISAPPROVED

Supervisor

Supervisor

Supervisor

PERMIT NO.: _____ **VALID WHEN ISSUED.**

ORIGINATOR: _____