

**AUTHORIZATION LETTER – SUGGESTED LANGUAGE  
SUBMIT ON COMPANY LETTERHEAD**

Date

Port of Miami  
Credentials Section  
1015 N. America Way, 2<sup>nd</sup> Floor  
Miami, Florida 33132

To Whom It May Concern:

The names signed below are authorized signatures for seaport credentials (i.e., Port of Miami Identification Card, One-Day Pass, or Special Dock Permits) requests. No other signatures are to be honored. We will notify you immediately of any changes.

We acknowledge that in signing a seaport credential request, the authorized party is certifying that the applicant is employed by our company and that the applicant is being submitted for a seaport credential in accordance with Florida Statute, Chapter 311, Chapter 28A of the Code of Miami-Dade County, and 33 Code of Federal Regulations, Part 105. Additionally, we certify that we are knowledgeable of the Florida Department of Law Enforcement Criminal History Records Checks rules and agree to comply with all provisions of these rules prior to requesting seaport credentials for our employees.

We also agree that this applicant will use the seaport credential only to conduct official business for this company. Finally, we agree to return all seaport credentials immediately upon expiration or termination of the employee. We understand that failure to comply with the above may result in the suspension of seaport 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. _____