



PORT OF MIAMI IDENTIFICATION CARD APPLICATION



SECTION 1: APPLICANT INFORMATION				OFFICIAL USE ONLY	
APPLICATION DATE / /	ID#			REQUIRED DOCUMENTS	
LAST NAME	FIRST NAME		<input type="checkbox"/> TWIC CARD <i>EXPIRATION: / /</i>		
MIDDLE NAME	ALIAS OR NICKNAME		<input type="checkbox"/> US PASSPORT <input type="checkbox"/> US BIRTH CERTIFICATE <input type="checkbox"/> NATURALIZATION CERTIFICATE <input type="checkbox"/> COMPANY LETTER <input type="checkbox"/> DRIVER LICENSE <input type="checkbox"/> UNION CARD <input type="checkbox"/> WORK AUTHORIZATION <i>EXPIRATION: / /</i>		
HOME PHONE	MOBILE PHONE	WORK PHONE		PAYMENTS	
DATE OF BIRTH / /	PLACE OF BIRTH (IF NOT US BORN, PROVIDE PROOF OF WORK ELIGIBILITY)			<input type="checkbox"/> NO CHARGE IDENTIFICATION CARD <input type="checkbox"/> NO CHARGE CHANGE OF COMPANY <input type="checkbox"/> \$ 25.00 LOST OR STOLEN	
DRIVER LICENSE#		STATE OF ISSUE		<i>RECEIPT#:</i> _____	
HOME ADDRESS				<input type="checkbox"/> CASH <input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER _____ <i>PROCESSED BY:</i> _____ <i>DATE: / /</i>	
CITY	STATE	ZIP			
SECURITY GUARD LICENSE CLASS D#: _____ CLASS G#: _____ EXPIRATION: / / EXPIRATION: / /					

SECTION 2: EMPLOYMENT INFORMATION			OFFICIAL USE ONLY	
EMPLOYER'S NAME			BADGE TYPE	
EMPLOYER'S ADDRESS			<input type="checkbox"/> YELLOW <input type="checkbox"/> GREEN <input type="checkbox"/> LAW ENFORCEMENT	
CITY	STATE	ZIP	PORT ID EXPIRATION: / /	
EMPLOYER'S PHONE	EMPLOYER'S FAX		SPECIAL ACCESS	
CERTIFICATION OF THE APPLICANT WITH RESPECT TO THIS APPLICATION PROCESS REQUIRING FULL DISCLOSURE OF INFORMATION I have read and agree to abide by the responsibilities set forth in this identification card request. I understand that upon termination of my official employment at the Port of Miami, in any capacity where I am required to have the issued Port of Miami ID card, I will immediately return my ID card to my former employer or directly to the Port of Miami Credentials Section and that failure to do so will constitute a violation of Miami-Dade County Ordinance. I understand that the Seaport Director reserves the right to revoke authorization to possess an ID card.			<input type="checkbox"/> MAINTENANCE <input type="checkbox"/> IT <input type="checkbox"/> ESSENTIAL <input type="checkbox"/> PARKING <input type="checkbox"/> PORT DIRECTOR	
APPLICATION FULL NAME			APPLICATION VERIFIED BY: _____	
APPLICANT TITLE			<i>DATE: / /</i>	
APPLICANT SIGNATURE			DATE	



PORT OF MIAMI IDENTIFICATION CARD APPLICATION



DISCLOSURE

Persons seeking unescorted access to Restricted Access Areas (RAA) at the Port of Miami on a regular basis are subject to the requirements of the Maritime Transportation Security Act that authorizes the US Coast Guard to regulate seaport security, and the Code of Federal Regulations (33CFR105), requires each seaport to have an approved facility security plan. I further understand that the Seaport Director may deny my application for access to the Port. INITIALS: _____

Any person who has in his or her possession a concealed weapon, or who operates or has possession or control of a vehicle in or upon which a concealed weapon is placed or stored, while in a designated restricted area on seaport property commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. INITIALS: _____

The undersigned applicant acknowledges and consents to the Port of Miami Credentials Section providing the information contained in this application to the U.S. Department of Homeland Security (DHS), Federal Bureau of Investigation, U.S. Customs and Border Protection, Florida Department of Law Enforcement and U.S. Immigration and Customs Enforcement pursuant to applicable federal laws, rules or regulations as may be amended. The information will be disclosed to DHS personnel and contractors or other agents who need information to assist in activities related to port security threat assessments. Applicants who elect to decline authorization for the Port of Miami Credentials Section to transmit their information to DHS shall check the "I decline" box below with the understanding that such action may result in delays or make it impossible to complete the assessment.

I AGREE

I DECLINE

INITIALS: _____

PLEASE INDICATE THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT BY PROVIDING YOUR INITIALS IN THE BOX TO THE LEFT OF THE STATEMENT.

	ID Card Holders must maintain a valid identification card. A valid identification card has a current expiration date and has been issued in accordance with the US Coast Guard approved Port of Miami Facility Security Plan.
	ID Card Holders must comply with all port access control procedures.
	All ID cards are the property of the Port of Miami and shall be surrendered upon termination of employment to your former employer or the Port of Miami Credentials Section. Failure to do so shall constitute a violation of Miami-Dade County, Florida, Code of Ordinances, Chapter 28A.
	ID cards are not transferable and must be visibly displayed, above the waist, at all times while on the Port of Miami as well as while visiting and/or working within the restricted areas of the Port.
	In the event of a loss or theft of an ID card, ID Card Holders must immediately notify his/her employer or the Port of Miami Credentials Section. A police report must be prepared for such an occurrence. A replacement fee of \$25.00 will be assessed and collected by the Port of Miami Credentials Section before a replacement ID card is issued. At the time of the replacement card request, a new verification of employment may be required.
	The Seaport Director reserves the right to revoke authorization to possess an ID card.
	ID Card Holders working in an area of cargo operations or other restricted areas are responsible for notifying a law enforcement officer, security officer, private security officer or seaport employee of any individual(s) not visibly displaying or producing upon request an ID card, in violation of Chapter 28A. All ID Card Holders are required to immediately report suspicious activity and suspected violations of federal, state or local laws and ordinance violations. This shall include suspected violations of US Coast Guard and the US Customs and Border Protection, to the Seaport Director, any member of the Port of Miami, the Miami-Dade Police Department or any member of agencies charged with securing the security of the Port of Miami.
	ID Card Holders shall within ten (10) days notify the Port of Miami Credentials Section of any change in employment or personal data information such as changes in legal name, contact information such as address and telephone number. A replacement fee of \$25.00 will be assessed and collected by the Port of Miami Credentials Section before a replacement ID card is issued.