



13. Identify: (A) all work related accidents, injuries and deaths that occurred as part of, related to, or arose out of the applicant's operations at the Port of Miami or Miami-Dade County within the last five (5) years; and (B) any citations, judgments, consent decrees, notices of violations or other rulings or fines issued or imposed by OSHA or other regulatory agencies to applicant (or applicant's stevedoring firm or employer), or any employee or affiliate of applicant, relating to or arising from stevedoring operations at the Port of Miami, in Miami-Dade County, or elsewhere during the last five (5) years. For each identified citation, fine, injury, and/or accident, please describe the incident giving rise thereto, including the nature of any injuries arising therefrom or relating thereto and provide copies of all citations and related inspection or investigative reports and any attachments thereto, any appeal of same, and the final judgment, settlement or other disposition of such citations or fines. Attach supplemental pages as needed.

14. If you held an active PortMiami stevedoring permit during last year, please indicate: (a) each shipping line for whom your firm stevedored at the POM, the total aggregate volume of all cargo stevedored at the POM during the last year (cargo volumes need



2019 STEVEDORING BUSINESS PERMIT QUESTIONNAIRE



PORTMIAMI

Stevedoring Permit”, or that, upon issuance of the subject permit, applicant will have all such insurance in place no later than fifteen (15) calendar days from issuance of the permit and prior to commencement of any actual stevedoring operations at the PortMiami.

19. Please report total stevedoring labor hours worked by your stevedoring company at PortMiami for the last permit year (including hours for direct employees and any retained ILA or other labor).

CERTIFICATION OF ACCURACY:



**2019 STEVEDORING BUSINESS PERMIT
QUESTIONNAIRE**



By signing below, the undersigned authorized representative of the permit applicant swears or affirms that all information provided above and in the attachments hereto is true and correct.

Applicant Name: _____

Applicant Signature: _____

Title: _____

Date: _____

Before me, the undersigned authority, duly authorized to give oaths and take acknowledgments, personally appeared _____, who being sworn, deposes and says that he is the person who executed the foregoing Stevedoring License Questionnaire, and that the matters and things therein contained are true and correct.

Witness my hand and official seal at _____, Florida, this _____ day of _____, 20____.

Notary Public, State of Florida at Large

My commission expires: _____

(NOTARY SEAL)

