PERSONAL CHARACTER FORM



App	licant Name:								
App	licant Age:								
App	olicant Citizenship:								
Dat	e of Birth:								
Ada	lress:								
Wo	rk Phone:								
Mol	oile Phone:								
E-m	ail Address:								
1.	Name and address of	stevedore firm which applicant will conduct his/her stevedoring activities upon issuance of license:							
2.	Stevedore's Performa								
3.	Has applicant ever been refused such bond?								
4.	List all connections ap	plicant has had with stevedoring and with shipping industry, giving dates and locations.							



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List all supervisory capacities previously held by applicant in Question No. 4.						
Describe supervisory duties performed by applicant in No. 5.						
ist at least 3 local individual references and their addresses, of persons knowing applicant for two years or more.						
Name:						
Address:						
Telephone:						
Name:						
Address:						
Telephone:						
Name:						
Address:						



PERSONAL CHARACTER FORM



8.	List all bank business accounts:								
9.	Education: List the name and address of high school, college, or specialty school attended, with dates of attendance and degrees, if any:								
10.	List any other information which applicants think might be of value to the Miami-Dade County Board of Commissioner's regarding this application:								



PERSONAL CHARACTER FORM



The undersigned stevedoring license applicant hereby swears or affirms that all answers and information provided above are true and correct.

Signature					_			
Date								
Before me, the	undersigned auth					acknowledgme ho being sworr		
is the person who true and correct.	executed the foreg	going Stevedor	ing License Q	uestionnaire,	and that the	matters and th	nings therein (contained are
Witness my ha	nd and official , 20	seal at _				, Florida,	this	day of
Notary Public, Stat	e of Florida at Large	Đ						
My commission ex	pires:							
(NOTARY SEAL)								