



**PORT OF MIAMI IDENTIFICATION CARD APPLICATION
LOST/STOLEN, DAMAGED, OR CHANGE OF COMPANY**



SECTION 1: APPLICANT INFORMATION			OFFICIAL USE ONLY
APPLICATION DATE / /	ID#		REQUIRED DOCUMENTS <input type="checkbox"/> TWIC CARD <i>EXPIRATION: / /</i> <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> PAYMENTS <input type="checkbox"/> \$ 25.00 CHANGE OF COMPANY <input type="checkbox"/> \$ 55.00 LOST OR STOLEN <input type="checkbox"/> DAMAGED (NO CHARGE) <i>RECEIPT#:</i> _____ <input type="checkbox"/> CASH <input type="checkbox"/> PRE-PAID <input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> CREDIT <input type="checkbox"/> MONEY ORDER <i>PROCESSED BY:</i> _____ <i>DATE: / /</i>
LAST NAME	FIRST NAME		
MIDDLE NAME	ALIAS OR NICKNAME		
HOME PHONE	MOBILE PHONE	WORK PHONE	
DATE OF BIRTH / /	PLACE OF BIRTH (IF NOT US BORN, PROVIDE PROOF OF WORK ELIGIBILITY)		
SOCIAL SECURITY#			
DRIVER LICENSE#	STATE OF ISSUE		
SECURITY GUARD LICENSE CLASS D#: _____ CLASS G#: _____ EXPIRATION: / / EXPIRATION: / /			

SECTION 2: EMPLOYMENT INFORMATION			OFFICIAL USE ONLY
EMPLOYER'S NAME			BADGE TYPE <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> YELLOW <input type="checkbox"/> GRAY/RED <input type="checkbox"/> LAW ENFORCEMENT PORT ID EXPIRATION: / / SPECIAL ACCESS <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> IT <input type="checkbox"/> ESSENTIAL <input type="checkbox"/> PARKING <input type="checkbox"/> PORT DIRECTOR APPLICATION VERIFIED BY: _____ DATE: / /
EMPLOYER'S ADDRESS			
CITY	STATE	ZIP	
EMPLOYER'S PHONE	EMPLOYER'S FAX		
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 a knowing and willful false statement on this application can be punished by fine or imprisonment or both. I understand that knowingly providing false information on this application or any portion of the ID application process may subject me to criminal prosecution and will minimally result in the permanent denial or revocation of my Port of Miami ID card. 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.			
APPLICANT FULL NAME		APPLICANT TITLE	
APPLICANT SIGNATURE		DATE	