



**PORT OF MIAMI IDENTIFICATION CARD APPLICATION
NEW**



SECTION 1: APPLICANT INFORMATION			OFFICIAL USE ONLY		
APPLICATION DATE / /	ID#		<p align="center">REQUIRED DOCUMENTS</p> <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> <p align="center">PAYMENTS</p> <input type="checkbox"/> \$ 79.00 NEW IDENTIFICATION CARD <input type="checkbox"/> \$ 79.00 RENEWAL <input type="checkbox"/> \$ 25.00 CHANGE OF COMPANY <input type="checkbox"/> \$ 55.00 LOST OR STOLEN <input type="checkbox"/> \$ 55.00 RECIPROCITY <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)				
HEIGHT	WEIGHT	RACE			
HAIR COLOR	EYE COLOR	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
SOCIAL SECURITY#		ALIEN REGISTRATION#			
DRIVER LICENSE#		STATE OF ISSUE			
SECURITY GUARD LICENSE CLASS D#: _____ CLASS G#: _____ EXPIRATION: / / EXPIRATION: / /					
<p align="center">PLEASE PROVIDE RESIDENTIAL HISTORY FOR THE PAST FIVE (5) YEARS, START WITH CURRENT ADDRESS</p>					
START DATE: / / END DATE: / / HOME ADDRESS: CITY: STATE: ZIP:					
START DATE: / / END DATE: / / HOME ADDRESS: CITY: STATE: ZIP:					
START DATE: / / END DATE: / / HOME ADDRESS: CITY: STATE: ZIP:					



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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: / /
EMPLOYER'S ADDRESS			
CITY	STATE	ZIP	
EMPLOYER'S PHONE	EMPLOYER'S FAX		
APPLICANT'S TITLE	APPLICANT'S DEPARTMENT		
RESTRICTED ACCESS AREAS (RAA) <input type="checkbox"/> CARGO TERMINAL <input type="checkbox"/> CRUISE TERMINAL <input type="checkbox"/> CRUISE WATERSIDE <input type="checkbox"/> SHED B <input type="checkbox"/> PORT BRIDGE PARKING PUBLIC ACCESS AREAS <input type="checkbox"/> POM ADMINISTRATION OFFICES <input type="checkbox"/> ROYAL CARIBBEAN OFFICES			SPECIAL ACCESS <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> IT <input type="checkbox"/> ESSENTIAL <input type="checkbox"/> PARKING <input type="checkbox"/> PORT DIRECTOR

PLEASE PROVIDE EMPLOYMENT HISTORY FOR THE PAST FIVE (5) YEARS, START WITH CURRENT EMPLOYER

START DATE: / /	END DATE: / /	TITLE:
COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP:
START DATE: / /	END DATE: / /	TITLE:
COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP:
START DATE: / /	END DATE: / /	TITLE:
COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP:
START DATE: / /	END DATE: / /	TITLE:
COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP:



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SECTION 3: APPLICANT CRIMINAL BACKGROUND HISTORY 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 United States Coast Guard to regulate seaport security, and Title 33, Code of Federal Regulations, Part 105, requires each seaport to have an approved facility security plan. I further understand that compliance with Florida Statute Section 311.12 is part of the Port of Miami's approved Facility Security Plan and that Florida Statute Section 311.12 includes access control provisions requiring criminal background checks for individuals seeking access to the Port of Miami RAA on a regular basis. I further understand that the Port 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:** _____

I hereby authorize any representative of the Port of Miami Credentials Section to obtain any records or information pertaining to my arrest record or criminal history, and I direct any representative of any law enforcement or criminal justice agency to release such information upon request of the bearer. **I AGREE** **I DECLINE** **INITIALS:** _____

The undersigned applicant acknowledges and consents to the Port of Miami Credentials Section providing the information contained in this application including the applicant's social security number 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 social security number 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:** _____

I HAVE or **I HAVE NOT** used illegal drugs within the three (3) years immediately preceding the date of this statement. Florida Statute 311.12 (3) (e). **INITIALS:** _____

Have you been at any time incarcerated, convicted or had withhold adjudication of any crime listed below? Please be advised that additional information may be requested for the purpose of verifying criminal history information.

YES or **NO** *If yes, provide date: / / Probation/Supervision/Parole end date: / /*

**INDICATE BELOW IF YOU HAVE BEEN CONVICTED, REGARDLESS OF WHETHER OR NOT ADJUDICATION WAS WITHHELD,
FOR ANY OF THE FOLLOWING DENIABLE OFFENSES WITHIN THE PAST SEVEN (7) YEARS:**

OFFENSE	YES	NO	OFFENSE	YES	NO
Treason			Aircraft Piracy		
Murder			Unlawful throwing, placing, or discharging of a destructive device or bomb		
Manslaughter			Any felony which involves the use or threat of physical force or violence against any individual		
Felony involving theft			Forcing, compelling, or coercing another to become a prostitute		
Planting a hoax bomb			Abuse and neglect of an elderly person or disabled adult, penalties		
Sexual Battery			Abuse and neglect of a child, penalties		
Carjacking			Offenses against police dogs, fire dogs, SAR dogs, or police horses		
Home Invasion Robbery			Subversive activities unlawful, penalty		
Robbery			Terrorism, including any offense against computer users		
Burglary			Any violation involving the manufacture, possession, sale, delivery, display, use, or attempted use of a weapon of mass destruction or hoax weapon of mass destruction		
Arson			Dealing in stolen property		
Kidnapping			Any violation involving the importation, sale, manufacturing, delivery, or possession with intent to sell, manufacture, or deliver a controlled substance		
Aggravated Assault			Commission or attempted commission of a felony while displaying, using, threatening, or attempting to use a firearm or weapon		
Aggravated Battery			Any crime with an element of which include use or possession of a firearm		
Aggravated Stalking			Use of commercial transportation in the commission of a felony		
Racketeering			Criminal use of personal identification		
Money Laundering			Violation relating to the transportation of hazardous materials		
Bribery			Criminal anarchy or inciting insurrection		
			Conspiracy to commit any of the above listed offenses		



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**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 U.S. Coast Guard approved Port of Miami Facility Security Plan. ID Card Holders with expired ID cards are considered new applicants applying for clearance in accordance with Florida Department of Law Enforcement requirements.
	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 Chapter 28A of Miami-Dade County.
	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 \$50.00 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 guard 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 United States Coast Guard, U.S. Customs and Border Protection and Florida Department of Law Enforcement Compliance Regulations and Standards, 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 report in writing to the Port of Miami Credentials Section, 1001 N. America Way, Suite 111, Miami, FL, 33132, any felony arrest, conviction, or finding of guilt. Failure to notify the Port of Miami Credentials Section of this information will result in immediate deactivation of the ID card and may subject the individual to permanent revocation of the ID card.
	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.

**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

OFFICIAL USE ONLY

APPLICATION VERIFIED BY	DATE
COMMENTS	