



PORT OF MIAMI
SPECIAL DOCK PERMIT APPLICATION



NEW APPLICATION RENEWAL APPLICATION CHANGE OF COMPANY

DATE: _____
ID#: _____ EXPIRATION DATE: _____
NAME OF APPLICANT: _____
SIGNATURE OF APPLICANT: _____
TITLE: _____
COMPANY NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____ EMAIL: _____

NAME OF AUTHORIZED COMPANY REPRESENTATIVE: _____
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

CRUISE CARGO

VEHICLE MAKE: _____ MODEL: _____ YEAR: _____ TAG NO: _____
COLOR: _____ VIN NO: _____ INSURANCE EXPIRATION: _____
REGISTERED OWNER: _____

EACH APPLICATION MUST BE ACCOMPANIED BY A LETTER OF REQUEST ON COMPANY LETTERHEAD, SIGNED BY AN OFFICAL COMPANY REPRESENTATIVE, JUSTIFYING THE NEED FOR WATERSIDE VEHICLE ACCESS.

OFFICIAL USE ONLY

CRUISE APPROVED CARGO APPROVED
DISAPPROVED DISAPPROVED

ASSISTANT PORT DIRECTOR, SAFETY AND SECURITY _____ DATE _____

CRUISE APPROVED CARGO APPROVED
DISAPPROVED DISAPPROVED

ASSISTANT PORT DIRECTOR, MARITIME SERVICES _____ DATE _____

CRUISE APPROVED CARGO APPROVED
DISAPPROVED DISAPPROVED

PORT DIRECTOR _____ DATE _____

PAYMENTS

- \$200.00 EACH SPECIAL DOCK PERMIT
- \$200.00 RENEWAL
- \$55.00 LOST/STOLEN
- \$25.00 CHANGE OF COMPANY

TOTAL PERMITS ISSUED TO THIS COMPANY

CARGO _____

CRUISE _____

COMMENTS:

ISSUED BY: _____ EXPIRATION DATE: _____