

**Required Documents**

- Passport or Nat'l Cert
- Company Letter
- Driver's License
- Work Eligibility Proof
- TWIC, If Applicable



**BUSINESS PURPOSE CREDENTIAL APPLICATION  
(SEAPORT SECURITY IDENTIFICATION CARD)**

**PRINT ONLY**

**FEES ARE NON-REFUNDABLE**

TWIC Expiration Date: \_\_\_\_\_

TWIC Number: \_\_\_\_\_

Credential #: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 M.T.S.A Trng Date: \_\_\_\_\_  
 Class D License #: \_\_\_\_\_

(Lower Left Corner on Back of TWIC Card)

CREDENTIAL TYPE:  BLUE  GREEN  YELLOW

**EMPLOYER'S AUTHORIZED SIGNATURE**

**EMPLOYEE INFORMATION**

Signature: \_\_\_\_\_

Signed By: \_\_\_\_\_

**FOR OFFICIAL USE ONLY  
Restricted Access Permits**

Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_ Alien Registration Expiration Date: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Other ID: \_\_\_\_\_

- Replacement - Need Police Report
- Replacement (\$12.00)
- General - No TWIC (\$25.00)

**Restricted Area Access**

- A - Restricted Access Areas - TWIC Required
- B - General Dockside
- C - Passenger Terminals / General Dockside
- D - Foreign Trade Zone (FTZ)
- E - Essential Personnel Access
- F - Cargo
- G - Petroleum

**EMPLOYER INFORMATION**

Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date Application Recv'd: \_\_\_\_\_

Payment: \_\_\_\_\_

Warrants: \_\_\_\_\_

**LIST THE LAST TWO (2) EMPLOYERS  
(Recent position first)**

Notes:

Position Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Reason Left: \_\_\_\_\_

Position Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Reason Left: \_\_\_\_\_

Have you been under indictment for, convicted, or found not guilty by reason of insanity, for any felony in the last seven years?  Yes  No

If yes, please explain: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Welcome to Port Everglades

Please remember:

- Security is everyone's business to report any and all suspicious incidents to BSO.
- Please drive safely; watch your speed.
- Park in approved, and designated areas only.
- You must inform the checkpoints of ALL visitors in your vehicle.
- Your Seaport Security Identification Card (Port ID) is a Privilege!

No weapons are allowed in Port Everglades. Any person who has in his or her possession or control of a vehicle in which a concealed weapon or firearm is placed or stored, while in a Designated Restricted Area on Seaport property commits a Misdemeanor of the First Degree, FSS 311.12(3)(3b), punishable as provided in FSS 775.082 or FSS 775.083. This subsection does not apply to active duty certified Federal or State Law Enforcement personnel, or persons so designated by the Seaport Director in writing. (Concealed Weapons Permit Does Not Exempt This Florida State Statute)  
(Violation is subject to arrest).

Any person who willfully and knowingly provides false information in obtaining or attempting to obtain a Seaport Security Identification Card (reference FSS 817.021) commits a Felony of the Third Degree, punishable as provided in FSS 775.082 or FSS 775.083. (Violation is subject to arrest).

**\*\*\*\*Your Port ID could be revoked if any of the above terms are violated\*\*\*\***

I have read and fully understand that the Seaport Security Identification Card is the Property of Port Everglades and the Broward County Sheriff's Office and that it is not transferable. I understand that I must visibly display the identification card on my upper torso, on the outermost garment at all times. I understand that I must surrender and return my identification card to (The Broward Sheriff's Office Port Everglades Identification Office) when my employment for any reason is terminated.

By signing this form, I agree that I have read the above information of Port Everglades rules and procedures.

Print Name

Signature

Date

Witness / CCN

**The undersigned applicant acknowledges and consents to Broward County providing the information contained in this application, including the applicant's social security number to the Federal 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 and 119.071 (5) 3 F.S. as may be amended. The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to assist in activities related to port security threat assessment. Applicants who decline authorization to Broward County to transmit their social security number to DHS shall check the box below with the understanding that such action may result in delays or make it impossible to complete the assessment.**

I decline to authorize the submission of my SSN to DHS.

Signature:

Date: