THE TERMS AND CONDITIONS OF ACCESS TO PORT EVERGLADES ARE GOVERNED BY MTSA 33CFR Part 105 AND THE PORT EVERGLADES SECURITY PLAN

Required Documents

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

PORT EVERGLADES
BROWARD COUNTY, FLORIDA

Sheriff's Office Broward County
Sheriff Scott Israel

BUSINESS PURPOSE CREDENTIAL APPLICATION
(SEAPORT SECURITY IDENTIFICATION CARD)

PRINT ONLY **FEES ARE NON-REFUNDABLE**

TWIC Expiration Date: _____ TWIC Number: _____ (Lower Left Corner on Back of TWIC Card)

Credential #: _____
Received by: _____
Date Received: _____
MTSA Trng Date: _____
Class D License #: _____

CREDENTIAL TYPE: ☐ BLUE ☐ GREEN ☐ YELLOW

EMPLOYEE INFORMATION

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: _____

EMPLOYER INFORMATION

Employer: _____
Work Address: _____ City: _____
State: _____ Zip Code: _____ Work Phone: _____

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

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: _____

EMPLOYER'S AUTHORIZED SIGNATURE

Signature: _____
Signed By: _____

FOR OFFICIAL USE ONLY

Restricted Access Permits

- ☐ 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

Date Application Recv'd: _____
Payment: _____
Warrants: _____

Notes:

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: