

**DOCUMENTS NEEDED:**

- Passport or Nat'l Cert
- Company Letter
- Driver's License
- Work Authorization

**BROWARD COUNTY DEPARTMENT  
OF PORT EVERGLADES  
BROWARD SHERIFF'S OFFICE  
ID APPLICATION**

NEW or RENEW

ID Badge Number: \_\_\_\_\_

ID Received by: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Class D License #: \_\_\_\_\_

**FEES ARE NOT REFUNDABLE**

Please Check One (✓)

ID BADGE TYPE:	GREEN		BLUE		TEMPORARY		TWIC	
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**EMPLOYEE: (PLEASE PRINT)**

Name: \_\_\_\_\_  
(Last) (First)

\_\_\_\_\_  
(Middle) (Nickname)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(If not US born, provide proof of work eligibility)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Social Security#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alien Reg.: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_

Other ID \_\_\_\_\_

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

**EMPLOYER: (PLEASE PRINT)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**EMPLOYER'S AUTHORIZED SIGNATURE**

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

Printed Name: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Restricted Access Permits**

- Vehicle \$100.00 (Dockside Parking)
- Restricted (\$ 50.00 )
- Replacement ( \$ 25.00 ) Need police report
- Temporary (\$ 50.00)
- Change of Company (\$ 25.00 )
- TWIC \_\_\_\_\_

**Restricted Area Access – Green Badge**

- A – General Dockside
- B – Passenger Terminals / Dockside
- C – Foreign Trade Zone
- D - Cargo
- E – Emergency Access Required
- P – Petrol

Date Application Received: \_\_\_\_\_

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

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

Teletypes: \_\_\_\_\_

Fingerprints: \_\_\_\_\_

Data Entered By: \_\_\_\_\_

NOTES

**HAVE YOU BEEN INCARCERATED OR ON PROBATION / COMMUNITY CONTROL WITHIN THE PAST 7 YEARS?**


**The following are grounds for denial of a Port ID restricted access ID card:**

1. Any person who has within the past 7 years been convicted, regardless of whether adjudication was withheld, for a forcible felony as defined in s. 776.08; an act of terrorism as defined in s. 775.30; planting of a hoax bomb as provided in 790.165; any violation involving the manufacture, possession, sale, delivery, display, use, or attempted or threatened use of a weapon of mass destruction or hoax weapon of mass destruction as provided in s. 790.166; dealing in stolen property; any violation of s. 893.135; any violation involving the sale, manufacturing, delivery, or possession with intent to sell, manufacture, or deliver a controlled substance; burglary; robbery; any felony violation of s. 812.014; any violation of s. 790.07; any crime an element of which includes use or possession of a firearm; any conviction for any similar offenses under the laws of another jurisdiction; or conviction for conspiracy to commit any of the listed offenses shall not be qualified for initial employment within or regular access to a seaport or restricted access area; and
  
2. Any person who has at any time been convicted for any of the listed offenses shall not be qualified for initial employment within or authorized regular access to a seaport or restricted access area unless, after release from incarceration and any supervision imposed as a sentence, the person remained free from a subsequent conviction, regardless of whether adjudication was withheld, for any of the listed offenses for a period of at least 7 years prior to the employment or access date under consideration

**LIST THE LAST TWO (2) EMPLOYERS**

<u>Most recent position</u>					
Title of Position		Employer		Complete Address (include zip code)	
Start Date (M/D/Y)	End Date (M/D/Y)	Total Time (Years/Months)	Hours per Week	Reason for Leaving	
Name / Title of Supervisor			Telephone Number		

<u>Next most recent position</u>					
Title of Position		Employer		Complete Address (include zip code)	
Start Date (M/D/Y)	End Date (M/D/Y)	Total Time (Years/Months)	Hours per Week	Reason for Leaving	
Name / Title of Supervisor			Telephone Number		

**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 social security number to DHS** \_\_\_\_\_  
(Sign)  
 \_\_\_\_\_  
(Print Name)

THE TERMS AND CONDITIONS OF ACCESS TO PORT EVERGLADES ARE GOVERNED BY FSS 311.12 (Seaport Security Standards) and / or MTSA 33CFR Part 105.

**PORT EVERGLADES VEHICLE PARKING PERMIT**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **ID BADGE #** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**(Vehicle #1)**

Vehicle Tag (state/number)	Vehicle Make	Vehicle Model

Vehicle Year	Vehicle Color	Vehicle Body Style

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Lot # Assigned	Decal Control Number	Decal Expiration Date

Issued By	Date

**(Vehicle #2)**

Vehicle Tag (state/number)	Vehicle Make	Vehicle Model

Vehicle Year	Vehicle Color	Vehicle Body Style

\*\*\*\*\* For Office Use Only \*\*\*\*\*

Lot # Assigned	Decal Control Number	Decal Expiration Date

Issued By	Date

**TERMS AND CONDITIONS FOR PARKING PRIVILEGES**

I herby certify that:

1. My driving privilege is not currently suspended by any state.
2. I will abide by all traffic, parking and security regulations.
3. I will submit to search of my vehicle as may be ordered by U.S. Customs authority.
4. I will remove the Port Everglades decal prior to disposal of my vehicle in any manner, or upon my termination of employment with Port Everglades or a tenant company.
5. My Insurance policy meets the minimum established by the Sate of Florida or the state or locality where the vehicle is registered.
6. All information furnished by me is true and correct, and I will ensure all data is maintained in a current status by advising the Broward Sheriff's Office Identification Unit of any changes within 10 days of the change.
7. I further understand neither Port Everglades nor the Broward Sheriff's Office accepts responsibilities for any damage to my vehicle or any loss of personal property which may occur while parked at Port Everglades.
8. I may park only in the area(s) specifically designated by my issued decal.
9. My issued decal will be displayed in the lower left (driver's side) of the designated vehicle's windshield.
10. The decals are *non transferable*; anyone transferring decals from vehicle to vehicle will have immediate suspension of parking privileges.
11. If you want to obtain a dockside-parking permit you must submit a letter explaining your need to park your vehicle on the dock to the Port Everglades Security Administration for approval. Once you have the approval from the Port Security Office, then submit the sum of \$100 dollars in either cash or company check (*no personal checks accepted*) to the Background Identification Unit. *Make check payable to the Broward County Board of Commissioners.*
12. **I understand violations of the above terms and conditions will be cause for towing, summons and/or immediate suspension of parking privileges.**

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

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