

**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**

**FEES NONREFUNDABLE**

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

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

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

MTSA Training \_\_\_\_\_

Certificate Date \_\_\_\_\_

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

**TWIC Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CARD #** \_\_\_\_\_ (Lower Left Corner on Back of Card)

**Please Check One (✓)**

ID BADGE TYPE:	BLUE	GREEN	YELLOW	TEMPORARY
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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 I.D. \_\_\_\_\_

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**

- Replacement (\$25.00) Need police report
- \_\_\_\_\_

**Restricted Area Access – Green Badge**

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

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

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 you answered yes above, please explain \_\_\_\_\_

\_\_\_\_\_

**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 MTSR 33CFR Part 105 AND THE PORT EVERGLADES SECURITY PLAN.