

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
SEAPORT APPLICANT WAIVER PROCESS**

SWORN STATEMENT OF EMPLOYER/UNION

Version: May 2010

PLEASE PRINT OR TYPE

I, _____ (first, middle, last name),

Initial in each
box below.

hereby state the following and initial each statement as true:

A. The name of the employer/union I represent is _____
_____, which is located at _____
_____.

B. My job title with the above employer/union is _____
_____. I am legally authorized to make these
statements on behalf of the above employer and/or union.

C. I may be contacted at the following physical address: _____
_____.

D. I may be contacted at the following phone numbers: _____
_____.

E. The "applicant" referred to in this statement is _____
_____ (first, middle, last name).

F. The applicant has advised the above employer/union 1) that, due to the applicant's
disqualifying criminal history record, he/she has been denied employment within and/or
unescorted access to secure or restricted areas of the following Florida seaport:
_____; and 2) the applicant intends to
request a "waiver" from the Florida Department of Law Enforcement (FDLE) (under
Section 311.12(7)(e), Florida Statutes).

G. The above employer/union intends to offer employment to the applicant at the above seaport, should FDLE approve the applicant's request for a waiver. The anticipated scope and type of the employment for the applicant is as follows: *(Attach Additional Pages if Necessary)*

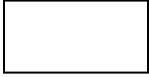
H. The employment history of the applicant with the above employer/union, after the date of the most recent criminal offense committed for which the applicant was denied access to or employment within the above seaport is as follows: *(Attach Additional Page if Necessary)*

I. The dates and results of all of the applicant's drug tests which were required by the above employer/union are: *(Attach Additional Page if Necessary)*

J. The drug use history of the applicant, as known to the above employer/union is: *(Attach Additional Page if Necessary)*

K. The applicant is either an employee of the above company or a member of the above union.

L. Other than the applicant's criminal history record, there is no reason known to me or the above employer/union that would prohibit the applicant from employment within or access to the above seaport, should FDLE approve the applicant's request for a waiver.



M. I am aware that the applicant is disqualified from employment within or unescorted access to secure or restricted areas of public seaports in Florida, due to the applicant's criminal history record. However, the applicant should not be considered as posing any risk of engaging in any act within the public seaports that would pose a risk to or threaten the security of the seaport and the public's health, safety, or welfare, due to the following mitigating reasons: *(Attach Additional Page if Necessary)*

Under penalties of perjury, I declare that I have read the foregoing Employer/Union Statement, including any and all attachments, and declare that all facts stated therein are true.

Signature

Printed Name

THIS STATEMENT MUST BE NOTARIZED UNDER OATH.

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
_____ (year), by _____.

Signature of Notary

Printed, Typed, Stamped Commissioned Name of Notary

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____