

SECTION I - APPLICANT INFORMATION			HAVE YOU EVER APPLIED FOR A FLORIDA SEAPORT ACCESS CREDENTIAL AT ANOTHER SEAPORT AND, IF SO, WHEN AND WHERE?			
APPLICATION DATE:		ID BADGE #:		FOR OFFICIAL USE ONLY		
LAST NAME:		FIRST NAME:		REQUIRED DOCUMENTS: <input type="checkbox"/> AFFIDAVIT (DATED) : _____ <input type="checkbox"/> TWIC EXPIRATION DATE: _____ <input type="checkbox"/> TWIC ASSOCIATED DATE: _____ <input type="checkbox"/> TWIC PENDING W/RECEIPT 30 DAY ACCESS <input type="checkbox"/> DRIVER LICENSE <input type="checkbox"/> US PASSPORT: # _____ <input type="checkbox"/> U.S. BIRTH CERTIFICATE <input type="checkbox"/> NATURALIZATION CERTIFICATE <input type="checkbox"/> WORK AUTHORIZATION: # _____ <input type="checkbox"/> COMPANY LETTER <hr/> PAYMENTS: (NON-REFUNDABLE) <input type="checkbox"/> \$85.00 FINGERPRINT <input type="checkbox"/> \$35.00 NAMECHECK <input type="checkbox"/> \$35.00 90 DAYS EXPIRED ID <input type="checkbox"/> \$85 ADMIN FEE <input type="checkbox"/> \$20.00 COMPANY CHANGE <input type="checkbox"/> \$20.00 LOST <input type="checkbox"/> COMPANY CHECK <input type="checkbox"/> VOUCHER <input type="checkbox"/> CASHIERS CHECK <input type="checkbox"/> MONEY ORDER TCN: _____ <input type="checkbox"/> FINGERPRINT (FL9) <input type="checkbox"/> PICTURE TAKEN PACS TECH : _____ DATE: _____ <input type="checkbox"/> TRANSMITTED FP TECH : _____ DATE: _____ COMMENTS: _____ <input type="checkbox"/> NAMECHECK (FL7) PACS TECH: _____ DATE: _____ <input type="checkbox"/> TRANSMITTED BY: _____ DATE: _____ NEW TCN: _____ _____ PORT ID EXPIRATION DATE: _____ BADGE TYPE: <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> YELLOW Rev. July 7, 2010		
MIDDLE NAME:		SUFFIX (SR, JR , II)	ALIAS/MAIDEN NAME:			
HOME PHONE # :	WORK PHONE # :		CELL PHONE# :			
DATE OF BIRTH: / /		STATE OF BIRTH: (IF BORN IN UNITED STATES)				
HEIGHT:	WEIGHT:	RACE:				
HAIR COLOR:	EYE COLOR:	GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>				
DRIVER LICENSE:		STATE ISSUED:				
HOME ADDRESS:						
CITY:		STATE:	ZIP:			
NATION OF BIRTH: _____ I understand that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I attest, under penalty of perjury, that I am (check one of the following): *** <u>A citizen of the United States</u> <input type="checkbox"/> <u>A Lawful Permanent Resident</u> <input type="checkbox"/> <u>An Alien with EAD</u> <input type="checkbox"/> ALIEN REGISTRATION # A _____ EAD # _____ *** If you are a non U.S. Citizen, you must provide an Alien Registration Number or Employment Authorization Document (EAD) Number and original cards with application. If you are a Naturalized U.S. Citizen, you must provide your Certificate of Naturalization						
SECURITY GUARD LICENSE:						
CLASS D #:		EXP. DATE:				
CLASS G#:		EXP. DATE:				
EMPLOYER/SPONSOR (To be completed by employer/sponsor)						
Statement of Facts:						
I certify that the information provided by the applicant is true and accurate to the best of my knowledge, that the potential employee meets the requirements for employment. Potential employee has provided employer with previous employment history, criminal history records and drug use and all applicable drug screens, required for access to the seaport as part of his/her employment.						
COMPANY:		AUTHORIZED SIGNATURE:				
JOB TITLE:		PRINTED NAME:				
PHONE:		EMAIL:				
FOR OFFICIAL USE ONLY						
RESTRICTED ACCESS AREA (RAA):						
<input type="checkbox"/> CRUISE TERMINAL <input type="checkbox"/> BLOUNT ISLAND <input type="checkbox"/> TALLEYRAND <input type="checkbox"/> TRAPAC SECURED/RESTRICTED: <input type="checkbox"/> P.C.O.B. ADMINISTRATION OFFICES UNRESTRICTED ACCESS AREA: <input type="checkbox"/> CRUISE TERMINAL TAXI						

Rev. July 7, 2010

SECTION II - APPLICANT EMPLOYMENT INFORMATION

EMPLOYER NAME:		
EMPLOYER ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMPLOYER PHONE # :	EMPLOYER FAX #:	
APPLICANT TITLE:	APPLICANT DEPARTMENT:	

LIST YOUR EMPLOYMENT HISTORY FOR THE PAST 5-YEARS STARTING WITH THE MOST RECENT

EMPLOYER NAME:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):	TITLE OF POSITION:
EMPLOYER ADDRESS:		
EMPLOYER PHONE NUMBER:	SUPERVISOR NAME:	SUPERVISOR TITLE:

EMPLOYER NAME:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):	TITLE OF POSITION:
EMPLOYER ADDRESS:		
EMPLOYER PHONE NUMBER:	SUPERVISOR NAME:	SUPERVISOR TITLE:

EMPLOYER NAME:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):	TITLE OF POSITION:
EMPLOYER ADDRESS:		
EMPLOYER PHONE NUMBER:	SUPERVISOR NAME:	SUPERVISOR TITLE:

EMPLOYER NAME:		
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):	TITLE OF POSITION:
EMPLOYER ADDRESS:		
EMPLOYER PHONE NUMBER:	SUPERVISOR NAME:	SUPERVISOR TITLE:

SECTION III - APPLICANT CRIMINAL BACKGROUND HISTORY DISCLOSURE

Persons seeking unescorted access to Restricted Access Areas (RAA) on JAXPORT on regular basis are subject to the requirements of the Maritime Transportation Security Act that authorizes the United States Coast Guard to regulate seaport security and Title 33, Code of Federal Regulations, Part 105, requires each seaport to have an approved facility security plan. I further understand that compliance with Florida Statute Section 311.12 is part of JAXPORT's approved Facility Security Plan and that Florida Statute Section 311.12 includes access control provisions requiring criminal background checks for individuals seeking access to the seaport RAA on a regular basis. I further understand that the Port Director may deny my application for access to the Port.

Initials

Any person who has in his or her possession a concealed weapon, or who operates or has possession or control of a vehicle in or upon which a concealed weapon is placed or stored, while in a designated restricted area on seaport property commits a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

Initials

I hereby authorize any representative of JAXPORT Seaport Security Unit to obtain any records or information pertaining to my arrest record or criminal history, and I direct any representative of any law enforcement or criminal justice agency to release such information upon request of the bearer.

I agree I decline Initials _____

The undersigned applicant acknowledges and consents to JAXPORT Seaport Security Unit providing the information contained in this application to the US 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 as may be amended. The information will be disclosed to DHS personnel and contractors or other agents who need information to assist in activities related to port security threat assessment. Including, but not limited to, verification of applicants Immigration Status and authorization to reside and work lawfully in the United States. Applicants who elect to decline authorization for JAXPORT Seaport Security Unit to transmit their social security number to DHS shall check the "I decline" box below with the understanding that such action may result in delays or make it impossible to complete the assessment.

I agree I decline Initials _____

I have *not* OR I *have used* illegal drugs within the three (3) years immediately preceding the date of this statement. Florida Statute 311.12 (3) (e)

Have you been at any time incarcerated, convicted or had withhold adjudication of any crime listed below.

No Yes If yes, provide date? _____ Probation / Supervision / Parole end date: _____
(Month / Day /Year) (Month / Day /Year)

Please be advised that additional information may be requested for the purpose of verifying criminal history information.

Indicate below if you have been convicted, regardless of whether or not adjudication was withheld, for any of the following offenses within the past seven (7) years or was released from incarceration, or any supervision imposed as a result of sentencing, for committing any of the disqualifying crimes listed below in any jurisdiction, civilian or military, during, the (5) years before the date of application:

Deniable Offense	Yes	No	Deniable Offense	Yes	No
· Treason			· Aircraft piracy		
· Murder			· Unlawful throwing, placing, or discharging of a destructive device or bomb		
· Manslaughter			· Any felony which involves the use or threat of physical force or violence against any individual.		
· Sexual battery			· Terrorism, including any offense against computer users.		
· Carjacking			· Planting a hoax bomb.		
· Home invasion robbery			· 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.		
· Robbery			· Dealing in stolen property.		
· Burglary			· Any violation involving the importation, sale, manufacturing, delivery, or possession with intent to sell, manufacture, or deliver a controlled substance.		
· Arson			· Felony involving theft		
· Kidnapping			· Commission or attempted commission of a felony while displaying, using, threatening or attempting to use a firearm or weapon.		
· Aggravated assault			· Any crime an element of which includes use or possession of a firearm		
· Aggravated battery			· Conspiracy to commit any of the above-listed offenses		
· Aggravated stalking					



Rev July 7, 2010

Please indicate that you have read and understand each statement by providing your initials in the left box.	
	ID Card Holders must maintain a valid identification card. A valid identification card has a current expiration date and has been issued in accordance with the U.S. Coast Guard approved JAXPORT Facility Security Plan. ID Card Holders with expired ID cards more than 90 days are considered new applicants applying for clearance in accordance with FDLE requirements
	ID Card Holders must comply with all port access control procedures.
	All ID cards are the property of JAXPORT and shall be surrendered upon termination of employment to your former employer or JAXPORT Access Control Center. Failure to do so shall constitute a violation of JAXPORT Facility Security Plan.
	ID cards are not transferable and must be visibly displayed, above the waist at all times while on JAXPORT as well as while visiting and/or working within the restricted areas of the Port.
	In the event of a loss or theft of an ID card, ID Card Holders must immediately notify his/her employer or JAXPORT Access Control Center. A police report must be prepared for such an occurrence. A replacement fee of \$20.00 will be assessed and collected by JAXPORT Access Control Center before a replacement ID card is issued. At the time of the replacement card request, a new verification of employment may be required.
	The Seaport Security Unit Director or his designee reserves the right to revoke authorization to possess an ID card.
	ID Card Holders working in an area of cargo operations or other restricted areas are responsible for notifying a law enforcement officer, security officer, private security guard or seaport employee of any individual(s) not visibly displaying or producing upon request an ID card. All ID Card Holders are required to immediately report suspicious activity and suspected violations of federal, state or local laws. This shall include suspected violations of United States Coast Guard, U.S. Customs and Border Protection and Florida Department of Law Enforcement Compliance Regulations and Standards, to the Seaport Director, any member of JAXPORT, the Jacksonville Sheriff's Office Seaport Security Unit or any member of agencies charged with the security of JAXPORT.
	ID Card Holders shall within ten days report in writing to JAXPORT Access Control Center, 9620 Dave Rawls, Jacksonville, Florida 32226 , any felony arrest, conviction, finding of guilt or withheld adjudication. Failure to notify JAXPORT Access Control Center of this information will result in immediate deactivation of the ID card and may subject the individual to permanent revocation of the ID card.
	ID Card Holders shall within ten days notify JAXPORT Access Control Center of any change in employment or personal data information such as changes in legal name, contact information such as address and telephone number. A replacement fee of \$20.00 will be assessed and collected by JAXPORT Access Control Center before a replacement ID card is issued.

Certification of the Applicant with respect to this application process requiring full disclosure of information:	
<p>I have read and agree to abide by the responsibilities set forth in this identification card request. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both. I understand that knowingly providing false information on this application or any portion of the ID application process may subject me to criminal prosecution and will minimally result in the permanent denial or revocation of my JAXPORT ID card.</p> <p>I understand that upon termination of my official employment, in any capacity where I am required to have the issued JAXPORT ID card, I will immediately return my JAXPORT ID card to my former employer or directly to the JAXPORT Access Control Center, 9620 Dave Rawls Blvd. , Jacksonville, Florida 32226, and that failure to do so will constitute a violation of the Facility Security Plan of JAXPORT and fl s. 812.014 (Petit Theft).</p>	
Applicant Full Name	Applicant Title of Position:
Applicant Signature:	Date:

FOR OFFICIAL USE ONLY	
Application Verified By:	Date:
Comments:	

JAXPORT reserves the right to recall the applicant and ID card for verification subject to compliance requirements outlined in 33 CFR 105 and FS 311.12.