



Badging Office
 Port Canaveral Police Department
 9012 Pompano St.
 Cape Canaveral, FL 32920
 Phone: (321) 783-7831 ext. 472
 Fax: (321) 868-2514

VISITOR CONTRACTOR APPLICATION

Office Hours
 Mon - Fri 8:00 a.m. - 4:00 p.m.
 (excluding weekends and holidays)

APPLICATION DATE: _____

SECTION I - APPLICANT INFORMATION (To be completed by applicant)

LAST NAME		FIRST NAME		MIDDLE INITIAL	BADGE NO:
ALIAS/MAIDEN NAME		DATE OF BIRTH	STATE OF BIRTH		SSN (Last 4 Digits Only)
HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	GENDER	RACE
PERMANENT HOME ADDRESS			CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER			STATE OF ISSUE		EXPIRATION
CITIZENSHIP (Non-US Citizens must provide original card at time of processing) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Alien with EAD			Alien Registration #: _____ EAD #: _____		

SECTION II - EMPLOYMENT INFORMATION (To be completed by applicant)

EMPLOYER'S NAME	EMPLOYER'S TELEPHONE NUMBER (Including Area Code)		
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE
APPLICANT'S SUPERVISOR	APPLICANT'S JOB TITLE		

SECTION III - APPLICANT SIGNATURE

APPLICANT'S SIGNATURE	APPLICANT'S TELEPHONE NUMBER	DATE
PRINT NAME	EMAIL ADDRESS	

SECTION IV - SPONSOR APPROVAL (To be completed by sponsor)

PRIMARY TENANT SPONSOR <input type="checkbox"/> Cruise <input type="checkbox"/> Cargo <input type="checkbox"/> CPA <input type="checkbox"/> Other	NAME OF PRIMARY TENANT (Leaseholder In Restricted Area)	
ACCESS AREA(S) (specify what areas the applicant requires access to) <input type="checkbox"/> Terminal <input type="checkbox"/> Cargo Area <input type="checkbox"/> Dock	SPECIFY WHAT AREAS THE APPLICANT REQUIRES ACCESS TO	
REASON FOR EXTENSION BEYOND 5/90	REQUESTED EXPIRATION DATE	
AUTHORIZED SPONSOR'S SIGNATURE	SPONSOR'S EMPLOYER	DATE

***** TO BE COMPLETED BY BADGING OFFICE *****

BADGE TYPE <input type="checkbox"/> Visitor/TWIC <input type="checkbox"/> Visitor/Non-TWIC <input type="checkbox"/> Contractor/TWIC <input type="checkbox"/> Contractor/Non-TWIC			
TRAINING COURSE <input type="checkbox"/> 311 <input type="checkbox"/> 205 <input type="checkbox"/> 210 <input type="checkbox"/> 215		DATE TRAINING COMPLETED	AWAITING 311 TRNG VERIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No
PAYMENT <input type="checkbox"/> TWIC Holder \$ _____ <input type="checkbox"/> Non-TWIC Holder \$ _____ <input type="checkbox"/> Ground Transportation \$ _____			DATE
PAYMENT METHOD <input type="checkbox"/> Company Check <input type="checkbox"/> Company Account <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
PID:	ISSUED:	TWIC EXP:	BADGE NO/EXP: