



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

BADGE CREDENTIAL 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 |
| SECURITY GUARD LICENSE NUMBER - Class "D" | | EXPIRATION | SECURITY GUARD LICENSE NUMBER - Class "G" | | EXPIRATION |
| CITIZENSHIP (Non-US Citizens must provide original card at time of processing) | | | Alien Registration #: _____ | | |
| <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Alien with EAD | | | 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) | | Special Designation on Badge: [] On critical return list | |
| <input type="checkbox"/> Admin <input type="checkbox"/> Cargo <input type="checkbox"/> Cruise <input type="checkbox"/> Dock <input type="checkbox"/> Escort (applicable to TWIC holders only) | | | |
| AUTHORIZED SPONSOR'S SIGNATURE | | SPONSOR'S EMPLOYER | DATE |

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

| | | | |
|---|---------|-------------------------|--|
| BADGE TYPE <input type="checkbox"/> TWIC Holder <input type="checkbox"/> Non-TWIC Holder <input type="checkbox"/> Visitor/Contractor <input type="checkbox"/> Ground Transportation <input type="checkbox"/> Lost/Damaged/Stolen <input type="checkbox"/> Comp | | | |
| 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: |