



Badging Office
 Brevard County Sheriff's Office
 660 Magellan Road
 Cape Canaveral, Florida 32920
 Phone: (321) 735-6810
 Email: portbadging@bcso.us

- NEW
- DUAL SPONSOR
- COMPANY CHANGE

- RENEWAL
- LOST

Mon-Fri 7:30 am to 12:00 pm
 1:00 pm to 4:30 pm
 (Excluding Holidays)



Must present existing Port Badge, and TWIC (if applicable), along with Driver's License/State ID for Port Badge renewal

SECTION 1 APPLICANT INFORMATION (To be completed by Applicant)

LAST NAME			FIRST NAME			MIDDLE INITIAL		
DATE OF BIRTH		STATE OF BIRTH		SSN:		APPLICANT TELEPHONE NUMBER		
HEIGHT	WEIGHT	HAIR COLOR		EYE COLOR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE	
PERMANENT HOME ADDRESS				CITY		STATE		ZIP CODE
DRIVERS LICENSE NUMBER				STATE OF ISSUE		EXPIRATION		
CITIZENSHIP (Non-US Citizens must provide original card at time of processing)						PERMANENT RESIDENT		
<input type="checkbox"/> U. S. CITIZEN		<input type="checkbox"/> PERMANENT RESIDENT		<input type="checkbox"/> ALIEN WITH EAD		EAD/Resident #: Expiration:		
APPLICANT'S SIGNATURE						A background check will be conducted prior to the issuance of a Port Badge.		

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	
EMPLOYEE'S JOB TITLE			SUPERVISOR (PRINT NAME)					

SECTION III SPONSOR APPROVAL (To be completed by sponsor)

AREAS OF WORK: (Check one below)								
<input type="checkbox"/> ADMIN		<input type="checkbox"/> CARGO		<input type="checkbox"/> CRUISE		<input type="checkbox"/> DOCK		<input type="checkbox"/> ESCORT
DOING BUSINESS WITH (Company or Person)					REQUESTED EXPIRATION DATE (Contractor Only)			
AUTHORIZED SPONSOR'S SIGNATURE					SPONSOR'S EMPLOYER			
PRINT NAME					DATE:			

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

BADGE TYPE								
<input type="checkbox"/> TWIC Holder		<input type="checkbox"/> Non-TWIC Holder		<input type="checkbox"/> Lost		<input type="checkbox"/> Contractor		
TRAINING COURSE <input type="checkbox"/> 205 <input type="checkbox"/> 210 <input type="checkbox"/> 215 <input type="checkbox"/> MMC			DATE TRAINING COMPLETED			AWAITING TRAINING VERIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
PAYMENT								
<input type="checkbox"/> TWIC Holder \$ _____					<input type="checkbox"/> Non-TWIC Holder \$ _____			
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"/> CC: (Visa, MC, AX)
BADGE ID#		ISSUED:		TWIC EXP:		BADGE EXP:		