

**USING YOUR COMPANY'S LETTERHEAD
FOLLOW THE FORMAT BELOW**

Date

Marie Di Rocco
Chief, Security and Safety Operations
Miami-Dade County Aviation Department
P.O. Box 592075
Miami, Florida 33159

Dear Ms. Di Rocco:

The names and signatures below are authorized to request an Airport ID badge. No other signatures are to be honored. We will notify you immediately of any changes.

We acknowledge that in signing an ID badge request, the company representative is certifying that our company employs the authorized applicant. Additionally, we certify that we are knowledgeable of the Miami-Dade Aviation Department Rules and Regulations and agree to comply with the provisions of these rules. We also agree that the applicant will use this ID badge only to conduct business for this company. Finally, we agree to return all ID badges immediately upon expiration of the badge or termination of the employee. We understand that failure to comply with the above will result in applicable fines to be paid and/or the suspension of airport ID privileges to our company.

_____ (signature) _____

Type name: _____ Type title: _____

**Note: A maximum of 2 Authorized Signatures are allowed and must be properly listed below.
Any additional signatures will cause this document to be invalid.**

Name/s and title/s of authorized Company representative/s below:

Signature/s of authorized Company representative/s below:

1. _____
Print Name & Title

1. _____
Signature

2. _____
Print Name & Title

2. _____
Signature