

MDAD NON-DISCLOSURE AGREEMENT
Sensitive Security Information (SSI)

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority appeared, _____
Who stated:

1. This agreement is completed for (records requested):

2. I am the duly authorized representative for:

Name and Title

Authorized Entity

Address

3. I have the express authority to sign this agreement and hereby consent to all of the conditions stated herein, in consideration of my being granted conditional access to certain information, specified in paragraph (1) above, that, is owned by, produced by, or in the possession of the Miami Dade County Aviation Department.
4. **Sensitive Security Information.** I attest that I am familiar with, and I will comply with the standards for access, dissemination, handling, and safeguarding of SSI information as cited in this Agreement and in accordance with 49 CFR Part 1520, "Protection of Sensitive Security Information," "Policies and Procedures for Safeguarding and Control of SSI," as amended, and any supplementary guidance issued by an authorized official of the Department of Homeland Security.

5. By being granted conditional access to the information in paragraph (1), indicated above, I am obligated to protect this information from unauthorized disclosure. I will not disclose or release any information provided to me pursuant to this Agreement without proper authority or authorization. Only those persons in my company who have a need to know may handle this information, and I will ensure that they will comply with all maintenance, safeguarding, dissemination and handling requirements provided in 49 CFR Part 1520.

6. Departmental Standard Operating Procedure DSOP No. 03-03 - I attest that I am familiar with MDAD's DSOP No. 03-03, *Requests for Copies of Miami-Dade Aviation Department's Security-Related Records* and all applicable annexes.

7. Neither the execution of this affidavit nor the release of the records indicated in paragraph (1) above operates as a waiver of the confidential and exempt status of the records.

Signature

Title

The above instrument was sworn to and subscribed before me this _____ day of _____ 20__ ,
 by

Printed Name

() who is personally known to me,
 () who has produced _____ as identification: and who () did
 () did
 not take an oath.

Signature of Notary Public

Print, type or stamp name of notary public

Notary Commission Number: _____ My Commission Expires: _____

Notary Stamp or Seal: