

Protocol and International Affairs Division

Miami-Dade Aviation Department

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U.S.A

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Request for Protocol Expedite Service (Intake) Form

(Please complete and return this form to the Protocol Office at least 24 hours prior to the arrival/departure of the traveling party to: Protocol@Miami-Airport.com)

Information about Dignitary/Traveler/Guest

Entity Requesting Services: _____

First Name of Primary Traveler: _____ Middle Name: _____ Last Name: _____

Official Title: _____

Date of Birth: DD____ MM____ YYYY____ Country of Origin: _____

Passport #: _____ Type of Visa: _____

Is the Traveler/Guest traveling for official business/duty: Yes No

Arrival Information

Arrival Flight #: _____ Time of Arrival: _____ Date of Arrival: DD____ MM____ YYYY____

Arriving from which City: _____

Traveler in transit at Miami International Airport: Yes No

Departure Information

Departure Flight #: _____ Time of Departure: _____ Date of Departing: DD____ MM____ YYYY____

Departing to which City: _____

List Airline Lounge Membership: _____

Request Protocol Golf Cart for Traveler/Guest: Yes No

Please List Any Special Needs/Comments: _____

List Additional Passengers/Entourage Traveling with Dignitary/Guest

(Please provide a complete list of all accompanying persons if the number exceeds the spaces)

Passenger #1

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #2

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #3

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #4

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #5

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #6

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #7

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Passenger #8

Name: _____ DOB: DD ____ MM ____ YYYY ____ Visa Type: _____

Title: _____

Passport #: _____ Country: _____

Point of Contact and Greeters

Point of Contact's Information

First Name: _____ Last Name: _____

Title: _____

Telephone: _____ Email: _____

Greeters' Information

Greeter #1

Name: _____

Title: _____

Date of Birth: DD____ MM____ YYYY____ Gender: _____

Government Issued ID #: _____ Type of ID: _____

Mobile Phone #: _____ Email: _____

Greeter # 2

Name: _____

Title: _____

Date of Birth: DD____ MM____ YYYY____ Gender: _____

Government Issued ID #: _____ Type of ID: _____

Mobile Telephone #: _____ Email: _____

Greeter #3

Name: _____

Title: _____

Date of Birth: DD____ MM____ YYY____ Gender: _____

Government Issued ID #: _____ Type of ID: _____

Mobile Telephone #: _____ Email: _____

Post-Security Greeter Access

Protocol Gate Pass

(Provide greeters' access to domestic arrival, domestic departures and international departures)

Greeter(s) requires protocol gate pass Yes No

Greeter require a protocol officer escort Yes No

Indicate number of protocol gate passes required: One (1) Two (2) Three (3)

International Arrival Access Badge

(Provide greeters' access only to international arrivals with mandatory escort present at all times. Badge must be returned to Protocol Officer upon completion of assignment)

Greeter(s) requires an access badge Yes No

Indicate number of access badges required: One (1) Two (2)

Comments: