Request for Hosting an Event or Filming on the Port of Miami

1. Event/Film Company Name: _______________________________________________________

2. Contact Person: ________________________________________________________________
   Phone # ___________________________  Cell Phone# _________________________________
   Fax # _______________________________  E-mail: ________________________________

3. Event/Project Name: ___________________________________________________________

4. Event/Filming Dates & Times: __________________________________________________

5. Event/Filming Location: _________________________________________________________

6. Narrative/Description of Event or Production: _____________________________________

7. Estimated number of personnel needing access into the Seaport's Restricted Access Area:
   (Please include cast, crew, extras, technical support, drivers, caterers, etc.)
   ____________________________________________________________________________

8. Number and Type of Vehicles:

DISCLAIMER:
At no time will this request be construed as an approval or consent to host an event or film on the Port of Miami without a signed approval sheet attached to the request.
(Rev 11/07)
Automobiles: _______  Pickup Trucks: _______  Tractor Trailers: _______
Motor Homes: _______  Water Trucks: _______  Other: _______

Any vehicles needing access to or parking in the areas adjacent to the cruise terminal or wharf areas will require an approved Work Zone Authorization Letter (Attachment 1).

9. Number of parking spaces needed: ________________________________
   (Note: There may be an additional charge for parking.)

10. Will there be any requests for firearms and/or ammunition on the set? __________
    If yes, describe type: ____________________________________________

11. Will there be a request for any pyrotechnics (other special effects) on the set? ______
    If yes, describe type: ____________________________________________

12. Will there be any waterborne vessels on the scene? _________________________
    If yes, describe the type and quantity: ________________________________

13. Are there any requests for special consideration (i.e., helicopters, special equipment)?
    ____________________________________________________________________

All personnel who will be accessing the RAA must go through a screening process. Please fill out the POM ID Request Spreadsheet within the prescribed time period:

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Time Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-50</td>
<td>48 hours in advance</td>
</tr>
<tr>
<td>51-150</td>
<td>72 hours in advance</td>
</tr>
<tr>
<td>151+</td>
<td>7 days in advance</td>
</tr>
</tbody>
</table>

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