



## 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: \_\_\_\_\_ Request #: \_\_\_\_\_  
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:

0-50 personnel	48 hours in advance
51-150 personnel	72 hours in advance
151+ personnel	7 days in advance

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