

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Phone No: _____

I, (print name) _____ hereby authorized Port of Belize Ltd. permission to verify all of the above information.

Signature of Applicant

*****Employer*****

I, (print name) _____ hereby recommend the above applicant for a Port of Belize Ltd. Identification card.

Signature of Employer/Recommender

Note: Kindly submit along with this form the following:

One (1) recent Police Record
Valid Social Security ID for verification
Two (2) recent Passport quality photographs
Administration fee:- For one (1) year validity - \$38.17

.....
OFFICIAL USE


Signature of Chief Security Officer


Signature of Deputy C.E.O. - P.B.L.

Note: PBL has a right to request for a valid Police record for distributing ID's. Any person Applying for PBL ID MUST possess a Safety Vest and a Hard Hat.

Place your signature in the center of the box below.

(Kindly use a Black Fine Point Marker to sign)

 Tel: (501)223-2439

 Fax: (501)223-3571

 Email: info@portofbelize.com