



**MIAMI-DADE COUNTY  
AVIATION DEPARTMENT (MDAD)  
PRIVATE CELLULAR TELEPHONE or PAGER  
AUTHORIZATION REQUEST**

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Reason for Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Dates: From \_\_\_\_\_ to \_\_\_\_\_

I acknowledge that I have read, understand, and agree to comply with the provisions of the Standard Operating Procedure (SOP) No. 01-02 Private Cellular Telephones or Pagers.

I also understand that if I violate any of the provisions contained in SOP No. 01-02, the Department reserves the right to revoke such approval and administer appropriate discipline.

Signature of \_\_\_\_\_ Date: \_\_\_\_\_  
Employee \_\_\_\_\_

Approved:	Date:	Disapproved:
_____	_____	_____
Immediate Supervisor		
_____	_____	_____
Division Chief		
_____	_____	_____
Division Manager		