

A POLICE RECORD IS REQUIRED



SAINT LUCIA AIR AND SEA PORTS AUTHORITY

P.O. BOX 651 CASTRIES SAINT LUCIA WEST INDIES

TELEPHONE: (758) 457-6100, 457-6155 FAX: (758) 457-6190, 453-0889

Application Type: New  Renewal

Application Cost \$60.00EC+ VAT

<b>AIRPORT PASS APPLICATION</b> <i>(All information should be typed or written)</i>				DATE OF APPLICATION		FOR OFFICIAL USE ONLY <i>(Do not write in this section) #: PPA ____ / ____</i>	
<b>Particulars of Pass Holder</b>						Type of Pass Required:	Date Issued:
First Name	Last Name	Middle Name	Alias				Expiry Date:
Address(es) for the last 5 years:		Hair Colour		Weight		Colour of Eyes	
		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth <i>dd/mm/yyyy</i>		Height	
		Occupation			Phone Number		
						Serial No.	Authorized by:
						Receipt No.	Issued by:
<b><u>Personal Identification</u></b> Nationality: _____ National Insurance No: _____ ID Card No.: _____ Work Permit No.: _____ Passport No.: _____ Driver's License No.: _____		Name of Company/Business Applying for Pass:  _____ <i>(Company/Business Stamp Required)</i>  <i>Please Select the airport(s) you require</i> <i>Restricted Access: GFLC <input type="checkbox"/> HIA <input type="checkbox"/></i>  <i>Please Identify your base airport.</i> <i>Only one can be selected: GFLC <input type="checkbox"/> HIA <input type="checkbox"/></i>				Previous Employer:  _____	
		Please select the airport Zone(s) you require access to:					
		Landside <input type="checkbox"/>		Departures/VIP <input type="checkbox"/>			
		Arrivals <input type="checkbox"/>		Baggage Reclaim <input type="checkbox"/>			
Ramp/Apron <input type="checkbox"/>		Baggage Make-up <input type="checkbox"/>					
Cargo Shed/FBO <input type="checkbox"/>		Maintenance/Fuel Farm <input type="checkbox"/>					

I the undersigned \_\_\_\_\_ certify that:

(A) I have requested the pass described above for the use of my company's/business's employee \_\_\_\_\_

(B) I have read, understood and agree to comply with the terms of issue printed on the reverse side of this application.

Signature of Authorized Signatory: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Pass Holder: \_\_\_\_\_

Date: \_\_\_\_\_

## **TERMS OF ISSUE**

AS A HOLDER OF THE RESTRICTED AREA PASS I UNDERSTAND, AGREE TO, AND WILL ABIDE BY THE FOLLOWING TERMS OF ISSUE:

- (a) THAT THE PASS ISSUED TO ME IS THE PROPERTY OF THE SAINT LUCIA AIR AND SEA PORTS AUTHORITY(ISSUSING AUTHORITY);**
- (b) THAT I WILL SAFEGUARD THE PASS AT ALL TIMES AND REPORT THE LOST OR THEFT OF THE PASS WITHOUT DELAY TO THE ISSUING AUTHORITY VIA A WRITTEN LOST/STOLEN I.D DECLARATION, EXPLAINING THE CIRCUMSTANCES LEADING TO THE LOSS OR THEFT;**
- (c) THAT I WILL NOT PERMIT UNAUTHORIZED USE OF THE PASS AND WILL WEAR/DISPLAY THE RESTRICTED AREA PASS AT ALL TIMES WHEN I AM IN A RESTRICTED AREA, ON MY OUTERMOST GARMENT AT OR ABOVE WAIST LEVEL IN A MANNER THAT IS EASILY VISIBLE;**
- (d) THAT I WILL NOT KNOWINGLY AND WILLINGLY ASSIST ANY PERSON NOT IN POSSESSION OF A VALID RESTRICTED AREA PASS TO GAIN ENTRANCE INTO A RESTRICTED AREA;**
- (e) THAT I WILL SURRENDER THE RESTRICTED AREA PASS ON TERMINATION OF EMPLOYMENT OR ON DEMAND OF THE ISSUING AUTHORITY OR A MEMBER OF THE AIR AND SEA PORTS SECURITY STAFF;**
- (f) THAT I WILL SURRENDER THE RESTRICTED AREA PASS AT RENEWAL TO THE ISSUING AUTHORITY;**
- (g) THAT WHERE THERE IS A CHANGE IN PERSONAL INFORMATION OR CHANGE IN ACCESS LEVEL STATUS, THE PORTS POLICE WILL BE INFORMED AND THE I.D. BADGE RETURNED TO THE ISSUING AUTHORITY FOR REVIEW AND REVALIDATION;**
- (h) THAT I AGREE TO ABIDE WITH EVERY LAWFUL DIRECTIVE GIVEN BY AN AUTHORIZED PERSON, WHILE ON THE PROPERTY OF THE ISSUING AUTHORITY.**