

Application For:Airport Seaport All Ports **Application Type:**New Renewal 

A POLICE RECORD IS REQUIRED

Application Cost \$60.00EC

PASS APPLICATION <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>		
Particulars of Pass Holder						Type of Pass Required:	Date Issued:	
							Expiry Date:	
First Name		Last Name		Middle Name		Alias		
Address(es) for the last 5 years:			Date of Birth <i>dd/mm/yyyy</i>		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Phone Number		
			Occupation		Previous Employer:		Serial No.	
							Authorized by:	
							Receipt No.	
							Issued by:	
Weight	Height	Hair Colour	Eye Colour	Name of Company/Business Applying for Pass: <i>(Company/Business Stamp Required)</i>			Please select the Seaport Zone(s) you require access to:	
<u>Personal Identification</u> Nationality: _____ National Insurance No: _____ ID Card No.: _____ Work Permit No.: _____ Passport No.: _____ Driver's License No.: _____							Shed <input type="checkbox"/> Container Park <input type="checkbox"/>	
				VFS <input type="checkbox"/> CS <input type="checkbox"/>		P.S <input type="checkbox"/> L.P.C <input type="checkbox"/>		Please select the Airport Zone(s) you require access to:
				Please Select the port(s) you require <i>Restricted Access:</i> GFLC <input type="checkbox"/> HIA <input type="checkbox"/>		Landside <input type="checkbox"/> Departures/VIP <input type="checkbox"/>		
				Please Identify your base port. <i>Only one can be selected:</i> GFLC <input type="checkbox"/> HIA <input type="checkbox"/>		Arrivals <input type="checkbox"/> Baggage Reclaim <input type="checkbox"/>		
				VFS <input type="checkbox"/> CS <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: _____

Pass Holder Signature to Back

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.**

Signature of Pass Holder: _____

Date: _____