



ATTACHMENT A - VEHICLE PERMIT APPLICATION FORM

ST. LUCIA AIR AND SEA PORTS AUTHORITY P.O. Box 651 - Manoel Street, Castries.			Date of Application:-	
COMPANY REPRESENTATIVE (Authorized Signatory)			<i>FOR OFFICIAL USE ONLY</i>	
First Name:		Notes:.....		
Middle Name:				
Last Name:				
Male <input type="checkbox"/> Female <input type="checkbox"/>		Authorizing Officer's Signature:.....Date:.....		
Job Position:-	Nationality:	National Insurance No: -	Work Permit No:-	
Name, Address and Telephone No. of Applicant/Company: -				
Applicant Signature: (Certifying details of application correct):				
Date:			[Place Company stamp here]	
<p>Please Note: (a) Read and sign Permit Holders Conditions of Issue & Agreement on the reverse side of this Form;</p> <p>(b). Attach details of Company Vehicles (Use Form D1), Certified Authorized Driver(s) (Use Form D2), Copy of Driver's Licence of each driver, Copy of vehicle Insurance Certificate/covernote;</p> <p>(c) Permit to be collected by applicant in person and on production of National ID Card or valid Driver's Licence.</p>				

ST. LUCIA AIR AND SEA PORTS AUTHORITY

Vehicle Permit Operator's Conditions of Agreement

I/Our Company the applicant of this Vehicle/s Permit hereby agree and bind myself/itself to the following terms and conditions of the permit to be issued with respect to the vehicle/s described in Form D1 of this application:

- (a) That the Vehicle Permit is not transferable from one vehicle to another; That the Permit be prominently displayed on the vehicle; that a renewal application be submitted two weeks prior to expiration date on the current Permit;
- (b) That the operator of the vehicle or company representative will subject the vehicle and himself/herself to a security check as required by a Ports Police officer at the checkpoint or within a port area;
- (c) That the permit does not give the operator/driver an automatic right of access into a port restricted area and shall only be allowed entry on legitimate company business;
- (d) That all requirements with respect to marking and the vehicle road worthiness conditions are met;
- (e) That driver(s) are briefed as concerns the requirements outlined under the Port Traffic Directives manual;
- (f) The driver possess a Port ID pass and that he/she is in possession of a valid Driver's License endorsed to drive the class of vehicle specified on the permit;
- (g) That the Authority reserves the right to revoke or suspend a vehicle permit for reason(s) deemed necessary, including any deviation from the terms and conditions of issue of the permit applied for.

Note: "Port" means any airport or seaport owned by the authority.

Signature:.....

Date:.....

[Applicant/Authorized Company Representative

FORM D1 – VEHICLE DETAILS

(Please attach to Vehicle Permit Application)

VEHICLE TYPE	REG. NO.	CHASSIS NO.	PORT/S OF ACCESS	PURPOSE FOR ACCESS	INSURANCE		APPROVED ACCESS LEVEL	PERMIT SR. #
					CERT. #.	EXPIRY DATE (DD/MM/YY)		

Signature:.....
 (Employer/ Authorized Company Representative)

Date:.....

[Place Company Stamp here]

<u>For Official Use Only</u>
Authorizing Officer:
Date:

