



PERMANENT VEHICLE PERMIT APPLICATION FORM

(Please complete one form for organization)

SAINT LUCIA AIR AND SEA PORTS AUTHORITY P.O. Box 651 - Manoel Street, Castries.				Date of Application:- 		
APPLICANT/ COMPANY REPRESENTATIVE DETAIL				FOR OFFICIAL USE ONLY		
First Name:		Middle Name:	Last Name:		Authorizing Officer: Signature: Date:	
Male ? Female ?						
Date Of Birth						
DD	MM	YY				
Job Position:-		Nationality:	National Insurance No:	Work Permit No:-	Driver's Licence No:	
			-		-	
Name, Address and Telephone No. of Applying Employer/Company: -						
Applicant's Signature (<i>Certifying the above correct</i>):				Date:		
here]				[Place Company Stamp		
Please Note: (a) Read and sign Permit Holders Conditions of Issue & Agreement on the reverse side of this Form; (b). Attach details of Certified Authorized Driver(s); Copy of Driver's License of each driver; Copy of Insurance Certificate/cover note; (c) Permit to be collected by applicant in person and on production of National ID Card or valid Driver's Licence.						

SAINT LUCIA AIR AND SEA PORTS AUTHORITY

Vehicle Permit Operator's Conditions of Agreement

I of *the applicant of this vehicle permit*
(please enter your name) (please enter your company's name)
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 the attached FORM D1.

- (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 current Permit;
- (b) That the operator of the vehicle or company representative will subject the vehicle 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 business;
- (d) That all requirements with respect to marking and the vehicle road worthiness conditions are met;
- (e) That each driver briefed as concerns the requirements outlined under the Port Traffic Directives manual.
- (f) That each driver possess a Port ID pass and is in possession of a valid Driver's Licence endorsed to drive the class of vehicle specified on the permit;
- (g) 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.
- (h) Permit shall not be removed.

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

Signature:.....

Date:.....

FORM D1 – DETAILS OF AUTHORIZED VEHICLE(S)

(Please insert the details of the vehicle(s) as indicated below and attach to vehicle permit application form)

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

Signature:

 (Employer /Authorized Company Representative)

(Place company stamp here)

Date:

FOR OFFICIAL USE ONLY

Authorizing Officer:
 Date:

FORM D2 - DETAILS OF AUTHORIZED DRIVER (S)

(Please insert the details of authorized driver(s) indicated below and attach to vehicle application form)

DRIVER'S NAME	ADDRESS	DRIVER LICENCE NO.	ISSUE DATE (DD/MM/YY)	EXPIRY DATE (DD/MM/YY)	ENDORSED CLASS/ES

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

Date:.....

[Place Company Stamp here]

<u>For Official Use Only</u>
Authorized by:
Date: