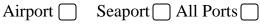
Application For:



Application Type:

New Renewal



A POLICE RECORD IS REQUIRED

Application Cost \$60.00EC

| PASS APPLICATION | | | | | | | DATE OF APPLICATION | | | | FOR OFFICIAL USE ONLY | | | |
|--|---|--|---------------------------------|---|--|-----------------|---------------------|-------------|---|---|-----------------------|-----------------|--|--|
| (All information should be typed or written) | | | | | | <u> </u> | | | | (Do not write in this section) #:PPA/ | | | | |
| | | | Particular | s of Pa | iss Holder | | | | Type of Pass | | Date Issued: | | | |
| First Name | | | Last Name | | Middle Name | | Alias | | | Required: | | | | |
| | | | | | | | | | | | Expiry Date: | | | |
| Address(es) for the last 5 years: | | | Date of Birth <i>dd/mm/yyyy</i> | | Sex M_F | _ | Phone Number | | Serial No. | | Authorized by: | | | |
| | | | Occupation | | Previous Employ | | ver: | Receipt No. | | _ | | | | |
| | | | - | | | | | | | Issued by: | | | | |
| | | | | | | | | | | | | | | |
| Weight | Veight Height Hair Colour Eye Colour Name | | | | Name of Company/Business Applying for Pass: Please | | | | Please s | select the Seaport Zone (s) you require access to: | | | | |
| | | | | | | | | | Shed | | | Container Park | | |
| D | | | | - | | | | | Ferry T | erminal | | Berth | | |
| Personal Identification | | | | (Ce | ompany/Business | Stamp Required) | | P.S | | | L.P.C | | | |
| Nationality: | | | | | | | , | | | | | | | |
| National Insurance No: | | | | Please Select the port(s) you require Restricted Access: GFLC HIA | | | | | select the Airport Zone (s) you require access to: | | | | | |
| ID Card No.: | | | | | | | | Landside | | | Departures/VIP | | | |
| Work Permit No.: | | | | Please Identify your base port. | | | | Arrivals | | | Baggage Reclaim | | | |
| Passport No.: | | | | Only one can be selected: C | | | | | | np/Apron | | Baggage Make-up | | |
| Driver's License No.: | | | | VFS CS | | | s 📋 | Cargo S | Shed/FBO | | Maintenance/Fuel Far | m 🗌 | | |

I the undersigned ______ certify that:

(Authorized Signatory Name)

(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 <u>WILL NOT</u> PERMIT UNAUTHORIZED USE OF THE PASS <u>AND WILL</u> 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: _____