

## APPLICATION FORM FOR AN AIRPORT RESTRICTED AREA PASS

This form is to be used to apply for a Restricted Area Pass at the L. F. Wade International Airport. All fields are mandatory and must be completed in **CAPITAL LETTERS**.

**PASS TYPE:** Initial  Renewal  Temporary  Edit

### Section 1: Applicant Information (to be completed by applicant)

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Given Names at Birth: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)      Gender:    Male     Female

Place of Birth: \_\_\_\_\_      Nationality: \_\_\_\_\_

Are you a citizen / resident of any other country?    Yes     No

If yes, please state: \_\_\_\_\_

### Section 2: Address Information

Home Address: \_\_\_\_\_

Home Address (Last 5 years): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone # \_\_\_\_\_    Mobile # \_\_\_\_\_    Email \_\_\_\_\_

### Section 3: Proof of Identity

Passport Type & Number \_\_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

National ID Card # \_\_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License # \_\_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Insurance/Security # \_\_\_\_\_

### Section 4: Company / Organisation Information

Name of Company / Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Authorised Signatory: \_\_\_\_\_      Job Title: \_\_\_\_\_

Telephone # \_\_\_\_\_      Email Address: \_\_\_\_\_

Applicant Job Title: \_\_\_\_\_

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### Section 5: Employment History (to be completed by applicant)

#### 5-YEAR EMPLOYMENT HISTORY

- ✓ Provide details of all employment covering the 5 years prior to this employment application.
- ✓ If there are any gaps between periods of employment, provide reason(s).
- ✓ Complete in date order (**most recent first**)
- ✓ Continue on a separate sheet if necessary

#### Period 1 (most recent)

Employment/Gap in Employment (delete as appropriate)	Date From:		Date To:	
Name of company <b>or</b> Reason for gap in employment:				
Position held in company:				
Reason for leaving:				
Address of Company:				
Person or Department in company to contact or Professional referee if for gap in employment:				
Telephone Number:		Email address:		

#### Period 2

Employment/Gap in Employment (delete as appropriate)	Date From:		Date To:	
Name of company <b>or</b> Reason for gap in employment:				
Position held in company:				
Reason for leaving:				
Address of Company:				
Person or Department in company to contact or Professional referee if for gap in employment:				
Telephone Number:		Email address:		

#### Period 3

Employment/Gap in Employment (delete as appropriate)	Date From:		Date To:	
Name of company <b>or</b> Reason for gap in employment:				
Position held in company:				
Reason for leaving:				
Address of Company:				
Person or Department in company to contact or Professional referee if for gap in employment:				

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**Section 6: Security Interview (to be completed by organisation/company authorised signatory)**

**This statement must be read to the Applicant, at the commencement of the Interview**

*To knowingly give false information in connection with this application is an offence under the Aviation Security Act 1982 as amended by the Aviation and Maritime Security Act 1990.*

1. Do you have any criminal convictions in Bermuda or elsewhere? **Yes**  **No**
2. If yes to the above, are they treated as spent, under the Rehabilitation of Offenders Act 1977? **Yes**  **No**
3. Do you have any ongoing investigations or pending criminal charges i.e. waiting to attend court in Bermuda or elsewhere? **Yes**  **No**
4. If yes to the above, please explain \_\_\_\_\_
5. Do you agree to declare any new arrests for a disqualifying offence, ongoing investigations of a criminal nature or pending charges i.e. waiting to attend court in Bermuda or elsewhere to your employer or Skyport? **Yes**  **No**
6. Do you agree that Skyport and your employer may approach former employers, education establishments, and /or sources capable of verifying the information provided in your application for a Restricted Area Pass? **Yes**  **No**

**Section 7: Declaration of Applicant**

I declare that the information furnished by me in this is true and correct and authorise that written confirmation can be obtained from employers, educational establishments and /or sources capable of verifying the information provided by me.

I acknowledge that to make a false statement in connection with an application for an Airport Restricted Area Pass, is a criminal offence under the Aviation Security Act 1982 and will lead to an automatic refusal of the application or criminal prosecution being brought against me.

I accept that the information contained within this application will be stored electronically and will be safeguarded against unauthorised access.

I accept that any personal or sensitive data provided by me may be disclosed to the Police or Control Authorities in the interest of national security and for the prevention and detection of crime.

I accept that the information in relation to the usage of my pass may be made available to my employer and other control agencies.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Section 8: Certificate of Organisation/Company Authorised Signatory**

I the undersigned certify that the recruitment and interview procedure as required by the Overseas Territories Aviation Requirements (OTAR 178) have been carried out and it is necessary for the applicant to be issued a Restricted Area Pass as their employment will require them to have ongoing access into the restricted areas at L. F. Wade International Airport.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

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**Section 9: Tools of the Trade (to be completed by authorised signatory)**

Only persons who have a legitimate operational need to carry restricted items into the Security Restricted Area are entitled to hold a 'Tools of the Trade' authorisation.

Is the applicant required to carry restricted items into the SRA or Airside? **YES**  **NO**

If **YES**, please indicate type of tools to be used:

**S** - Sharps  **W** - Workman's Tools  **L** - Liquids: Work-Related  **F** - Firearms and Ammunition

Authorised Signatory: \_\_\_\_\_

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

**Section 10: Application Fees**

Initial Application: BDS\$150

Renewal: BDS\$150

Replacement (lost, stolen, damaged): BDS\$75

Reinstatement: BDS\$50

**Note: payment is required upon submission of application form. Cheques made payable to Bermuda Skyport Corporation Limited.**

Days of Pass Issuance – Wednesdays and Fridays 9:30am to 1:30pm

**Official Use Only**

The following General Security Awareness Training (GSAT) has been undertaken and the certificate is attached:

GSAT (within previous 30 days)

Skyport  AvSec School Online

Alternative (initial / recurrent)

ICAO Security Manager  ICAO Security Instructor  Security Supervisor  Security Screener

**APPLICATION APPROVED?**  **YES**  **NO** (if no, please indicate below)

- Failed background check
- Failure to disclose disqualifying offence
- Failure to disclose pending criminal charge before courts or investigations
- Prior abuse of RAP privileges
- Prior unsafe activity within the Aerodrome

**APPROVAL DATE:** \_\_\_/\_\_\_/\_\_\_

**PASS AREA DESIGNATION:** 

**DATE PASS ISSUED:** \_\_\_/\_\_\_/\_\_\_

**ISSUED BY:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_