

L.F. WADE INTERNATIONAL AIRPORT
RESTRICTED AREA PASS APPLICATION FORM

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

PASS TYPE: INITIAL RENEWAL CHANGE OF COMPANY MULTI-PASS

SECTION 1: APPLICANT – PERSONAL INFORMATION

First Name			
Middle Name:			
Last Name:			
Given Names at Birth:			
Date of Birth: (dd/mm/yyyy)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. Other _____	
Residential Address			
Residential Addresses (last five years):			
Home Telephone		Work Telephone	Cell Number
Email Address:			
Are you a citizen of any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state _____	
Position applied for:			

SECTION 2: PROOF OF IDENTITY (submit one (1) piece of valid Government issued color photographic I.D with application.)

Passport Number:		Expiration Date:	
Driver's Licence Number:		Expiration Date:	
Social Insurance / Security Number:			

SECTION 3: REQUESTING COMPANY / ORGANISATION DETAILS

Company / Organisation:			
Company Address:			
Authorised Signatory:			
Job Title:			
Telephone Number:		Email Address:	

SECTION 4: APPLICATION FEES

Initial Application: **BDS\$150**
 Renewal: **BDS\$150**
 Replacement (lost, stolen, damaged): **BDS\$75**
 Reinstatement: **BDS\$50**

- ✓ Payment is required upon submission of application form. **We accept cash and cheques only.** Cheques should be made payable to Bermuda Skyport Corporation Limited.
- ✓ Passes will be issued by appointment only between the hours of **9:00am to 12:30pm Mondays** and **Wednesdays** only.

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SECTION 5: EMPLOYMENT HISTORY (initial applications only)

- ✓ Provide details of all employment covering a full 5-year period with no unexplained gaps greater than 31 days.
- ✓ Complete in date order dd/mm/yyyy (most recent first).
- ✓ Attach 'Letters of Verification' from former employer(s) to this application to support periods of employment listed on application form.
- ✓ Continue on a separate sheet if necessary.

Period 1 (most recent first)

Employment/Gap in Employment (delete as appropriate)	DATE FROM (dd/mm/yyyy)		DATE TO (dd/mm/yyyy)	
Name of company <u>or</u> Reason for gap in employment:				
Position held in company:				
Reason for leaving:				
Company Address:				
Person or Department in company to contact <u>or</u> Professional referee if for gap in employment:				
Telephone Number:		Email:		

Period 2

Employment/Gap in Employment (delete as appropriate)	DATE FROM (dd/mm/yyyy)		DATE TO (dd/mm/yyyy)	
Name of company <u>or</u> Reason for gap in employment:				
Position held in company:				
Reason for leaving:				
Company Address:				
Person or Department in company to contact <u>or</u> Professional referee if for gap in employment:				
Telephone Number:		Email:		

Period 3

Employment/Gap in Employment (delete as appropriate)	DATE FROM (dd/mm/yyyy)		DATE TO (dd/mm/yyyy)	
Name of company <u>or</u> Reason for gap in employment:				
Position held in company:				
Reason for leaving:				
Company Address:				
Person or Department in company to contact <u>or</u> Professional referee if for gap in employment:				
Telephone Number:		Email:		

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SECTION 6: SECURITY INTERVIEW (to be conducted by requesting company authorised signatory)

This statement must be read to the Applicant by the requesting company Authorised Signatory 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**

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 Signature: _____

Date: _____

dd/mm/yyyy

SECTION 7: TO BE COMPLETED BY REQUESTING COMPANY AUTHORISED SIGNATORY

I the undersigned certify that the recruitment and interview procedures 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: _____

dd/mm/yyyy

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SECTION 8: TOOLS OF THE TRADE (to be completed by requesting company 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 Security Restricted Area 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

Signature: _____

Date: _____
dd/mm/yyyy

SECTION 9: AVIATION SECURITY OFFICE USE ONLY

GSAT within previous 30 days and certificate attached:

Skyport AvSec School Online ICAO Security Manager
 ICAO Security Instructor Security Supervisor Security Supervisor

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.

ISSUED BY: _____

SIGNATURE: _____

JOB TITLE: _____

DATE: _____
dd/mm/yyyy