

L.F. WADE INTERNATIONAL AIRPORT

Visitor Pass Application Form

PLEASE COMPLETE THE FORM IN ITS ENTIRETY IN CAPITAL LETTERS ONLY

This form must be completed and submitted to the Aviation Security Office, no later than **48 hours** and **prior to** visitor arrival.

Section 1: Applicant Information

Applicant Name: _____
First Name Middle Name Last Name

Date of Birth: ____/____/____ Gender M F
dd mm yyyy

Home Address: _____

Home Tel # _____ Mobile # _____

Work Tel # _____ Email _____

Employer: _____

Employer Tel # _____ Email _____

Position in Company/Organisation _____

Section 2: Proof of Identity

Passport # _____ Passport Expiry Date _____

National ID Card # _____ ID Expiration Date _____

Driver's License # _____ DL Expiration Date _____

Section 3: Sponsor Information

Name of Sponsoring Company/Organisation _____

Sponsor Address: _____

Telephone # _____ Email _____

Reason for Visit _____

Name of Authorised Signatory _____

L.F. WADE INTERNATIONAL AIRPORT

Visitor Pass Application Form

Terms of Condition of Issue

Applicant's Declaration (sign this declaration in the presence of the Issuing Authority Staff).

The information provided on this application form is required by Skyport to meet the requirements of the Aviation Security and Piracy (Overseas Territories) Order and OTAR Part 178. Personal data may be disclosed to Police and other control authorities in the interest of national security and for the prevention and detection of crime.

Please sign this application form below in the presence of the ID Centre staff in order to confirm the following:

I confirm that the information contained on this application form is complete and accurate.

I must always be accompanied by the holder of a permanent (unescorted) pass holder when in a restricted area at the aerodrome.

I agree that the pass will only be used for the purpose it was issued and that it is not transferable to another employee at any time.

I understand that the pass is only valid for the day of issue and must be returned by the end of that day.

I agree that the loss or theft of my pass will be reported immediately to the ID Centre or my employer.

I agree to abide by the terms and conditions of the issue and have been made fully aware of my responsibilities as a visitor pass holder. I understand that failure to comply with airport by-laws, Airport Directives and Instructions and safety and security notices may result in withdrawal of my pass.

Signed: _____ Name: _____

Date: _____

Official Use Only

Pass Issued? Yes No If no, please state why not _____

Date of Issue ____ / ____ / ____ Time Out _____

Return Date ____ / ____ / ____ Time In _____

Issued By _____ Signature _____

Position _____

Received By _____ Signature _____

Position _____

