



**APPLICATION FOR RESTRICTED AREA PASS
SANGSTER INTERNATIONAL AIRPORT**

PASS NUMBER
END DATE

MUST BE PRINTED IN BLUE OR BLACK INK ONLY

SHADED AREAS MUST BE COMPLETED IN FULL

Surname		Date of Birth (D/M/Y)		Employer Name			
Given Names				Contracted to (if applicable)		Contract / Project Number	
Home Address				Company Address			
P.O. Box No.	Area Code	Phone Number		P.O. Box No.	Area Code	Phone Number	
Height	Weight	Hair		Eyes	Male/Female	Complexion	
Define the duties that you will be performing (check one of the following boxes): <input type="checkbox"/> Ramp <input type="checkbox"/> Consultant <input type="checkbox"/> Retail <input type="checkbox"/> Aircraft Maintenance <input type="checkbox"/> Construction / Maintenance <input type="checkbox"/> Cust. Serv. <input type="checkbox"/> Law Enforcement / Custom & Immigration <input type="checkbox"/> Cleaner/Groomer/Janitor <input type="checkbox"/> Aircrew OCCUPATION: Where will this work be performed? <input type="checkbox"/> General Aviation / Restricted Area <input type="checkbox"/> Terminal/ Restricted Area <input type="checkbox"/> Apron / Restricted Area <input type="checkbox"/> Airfield / Restricted Area							

TYPE OF PASS (Office use only)

Airside	Terminal	Aircrew	Other	Permanent	Temporary / not to exceed 6 months	
D Label	D/A Label	Q Label	XM Label	Other	Search Required	Escort Required

SIGNING AUTHORITY (Please fill out Shaded Area)

<u>First & Last Name (PRINTED)</u>	<u>Pass Number</u>	<u>Signature</u>	<u>Date</u>
Signature of Issuing Access Control Officer			Date

Documents forwarded to Constabulary Office for Approval

Application form
 Personal History Form
 Fingerprint Form
 Other

SECURITY CLEARANCE APPROVAL

Date sent to Constabulary	Constabulary File No.	Date of Constabulary Approval:	Signature	Clearance Expiry Date:
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MBJ Access Control Use Only

Key Issued: Yes No Key number: _____

Access Level(s) of Key(s)/Proximity Cards _____

Condition of Issue: (See reverse for additional conditions)

- The Key/Proximity Card is the property of the Sangster International Airport
- The Key/Proximity Card **MUST** be surrendered on demand to a duly authorised representative of the Sangster International Airport.
- Failure to comply with the Conditions of Issue, will result in the forfeiture of your Key/Proximity Card.

Approved by Security & Ground Transportation Manager _____ Date: _____

I, the undersigned, certify that I have read, understood and will comply with the MBJ Conditions of Issue.

1. I understand that the Restricted Area Pass (RAP) and /or Key/Proximity Card issued to me is the property of MBJ Airports Limited. I will present the RAP and/or Key for inspection or surrender immediately upon demand to a duly authorised representative of the Airport Operator, police officers and members of the airport security staff.
2. I understand the RAP and/or Key issued to me is only valid while I am on duty or in the performance of functions directly duty related. I will not use the RAP and/or Key/Proximity Card to access Restricted Areas for personal reasons.
3. I will use the RAP and/or Key/Proximity issued to me to enter only those Restricted Areas to which I require access during the performance of my duties or functions directly work-related. The Airport, Security and Government officials reserve the right to confirm my duties in the Restricted Area.
4. I will not knowingly or willingly assist an unauthorised person(s) to access the Restricted Areas of the Aerodrome.
5. I will not use the RAP and/or Key/Proximity issued to me, to bypass passenger screening, where as an intended passenger on a commercial aircraft, I would be subject to such screening and payment of the Airport Improvement Fee.
6. I will acknowledge the instructions relating to security issues given by a duly authorised representative of the Airport including police officers and members of the airport security staff.
7. I will ensure the RAP issued to me is visible at all times while in the Restricted Area. It must be worn on the outer clothing on the right or left side of the chest or on the outer left or right upper arm when the chest location interferes with my ability to work.
8. It is my responsibility to safeguard the RAP issued to me and I will report a lost or stolen pass to the Access Control office immediately.
9. I will return the RAP and/or Key/Proximity issued to me to the Access Control office immediately upon any change in the circumstances under which it was issued, e.g. termination of employment, change of duties or restricted area access requirements.
10. I acknowledge that I am subject to the *Jamaican Security Regulations* which may apply.
11. I am subject to the requirements of the Airport Restricted Area Access Clearance Program including the requirements for escort or other security controls.
12. I will comply with all rules and regulations as laid down in accordance with the issuance of the Airside and Groundside Traffic Directives.
13. I am subject to any fees associated with the administration of the RAP program.
14. Any false declaration(s) made on my RAP Application, my national Security Clearance Application or my Employee History / Background check will void my Application for a RAP.
15. MBJ Airports Limited reserves the right to withdraw the RAP at the Airport Operators discretion.

Company: _____

Name: _____

Signature: _____

Date: _____

The MBJ "Conditions of Issue" are administered by the Airport Operator and are amended from time to time.