



APPLICATION FOR TEMPORARY RESTRICTED AREA PASS SANGSTER INTERNATIONAL AIRPORT

Surname		Date of Birth (DD/MM/YY)		Employer Name	
Given Names				Company Address	
Home Address					
E-Mail Address					
Tel. (cell)		Tel. (Home)		Tel. (Work)	
				Tel. (Fax)	
Male/Female	Height	Color of Hair		Color of Eyes	Complexion
<u>Occupation/Job Title</u>			Area(s) Work/Duties Will be Performed [Tick appropriate box left of heading]		
			<input type="checkbox"/> Commercial Pick Up <input type="checkbox"/> Maintenance <input type="checkbox"/> Apron <input type="checkbox"/> Terminals: Arr / Dep		
			<input type="checkbox"/> Ground Transport Hall <input type="checkbox"/> General Aviation <input type="checkbox"/> Runway/Airfield		
			<input type="checkbox"/> Incinerator <input type="checkbox"/> Perimeter Fence <input type="checkbox"/> Other Sections of Airport Compound		
Define The Duties You Will be Performing [Tick appropriate box left of heading]					
<input type="checkbox"/> Law Enforcement/Customs/Immigration <input type="checkbox"/> Security <input type="checkbox"/> Health/Medical Emergency <input type="checkbox"/> Customer Service					
<input type="checkbox"/> Aircraft Maintenance <input type="checkbox"/> Aircraft Grooming <input type="checkbox"/> Apron/Luggage <input type="checkbox"/> Air Cargo Service <input type="checkbox"/> Catering Service					
<input type="checkbox"/> Refueling <input type="checkbox"/> General Maintenance/Construction/Repairs <input type="checkbox"/> Retail/Shops <input type="checkbox"/> Consultant <input type="checkbox"/> Janitorial					
<input type="checkbox"/> Government Agency Business <input type="checkbox"/> VIP/Group Clearance/Functions <input type="checkbox"/> Hotel/Hospitality <input type="checkbox"/> Tour Operator					
<input type="checkbox"/> Car Rentals <input type="checkbox"/> Porters <input type="checkbox"/> Courier/Goods, Luggage Clearance <input type="checkbox"/> Suppliers <input type="checkbox"/> Taxi Operators					
<input type="checkbox"/> Airport Visit/Tours <input type="checkbox"/> Vehicle Permit To Access Restricted Areas; Vehicle Reg. No.					
Type of Pass					
<input type="checkbox"/> 2 Days-1 Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> 3 Weeks <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> Replace Lost RAP					
<input type="checkbox"/> Specific date(s) List as applicable:					
Signing Authority: First & Last Name [Printed]			ID Number	Signature	Date
Applicant's ID No.	Issue Date	Expiry Date	Applicant's Signature	Issuing Officer's Signature	

Approved by Security & Ground Transportation Manager _____ Date: _____



APPLICATION FOR TEMPORARY RESTRICTED AREA PASS SANGSTER INTERNATIONAL AIRPORT

The following are MBJ Airports Limited Restricted Area Pass [RAP] 'Conditions of Issue', which are administered by the Airport Operator and amended from time to time:

I, the undersigned, certify that I have read, understood and will comply with the MBJ Airports Limited 'Conditions of Issue' laid out as follows:

1. I understand that the Restricted Area Pass (RAP) and/or key 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 authorized representative of the Airport Operator, Police Officers and members of the Airport Security Staff.
2. I understand that 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 to access restricted areas for personal reasons.
3. I will use the RAP and/or key 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 unauthorized person(s) to access the restricted areas of the aerodrome.
5. I will not use the RAP and/or key issued to me, to bypass passenger screening, where as an intended passenger on an 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 authorized 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 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/Landside 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 form, will void my application for a RAP.
15. MBJ Airports Limited reserves the right to withdraw the RAP at the Airport Operators discretion.

Name: _____

Signature: _____

Date: _____

All RAP Applications require at least 24 hours for processing. Applications will be processed in accordance with this requirement.