Airports Authority
OF TRINIDAD AND TOBAGO

ATTACH PHOTOGRAPH OF APPLICANT HERE →

FORM: AA-IAC-FI-01

PIARCO / ANR ROBINSON INTERNATIONAL AIRPORTS SECURITY DEPARTMENT

APPLICATION FOR SECURITY I.D. / VEHICLE PASS
(NEW EMPLOYEE / RENEWAL / DUPLICATE)

All areas must be completed, typed or printed in ink (black). This form will not be accepted by the Airports Authority of Trinidad and Tobago (AATT) if it is altered (including use of correction fluid), torn, or otherwise defaced.

PIARCO INTERNATIONAL AIRPORT: 1. ☐ 2. ☐ **ANR ROBINSON INTERNATIONAL AIRPORT:** 1. ☐ 2. ☐

COMPANY ACRONYM

SECTION: 1

BLOCK LETTERS

1. NAME OF APPLICANT: _____
   SURNAME GIVEN NAME(S) EMP. NO
2. HOME ADDRESS: _____
   HOUSE / L.P. NUMBER AND NAME OF STREET
   _____
   TOWN
   _____
   CITY
3. **PHONE NUMBER: HOME:** _____ **OFFICE:** _____ MOBILE:_____
4. **I.D / P.P / D.P NUMBER :**_____ **EXPIRY DATE:**_____
5. DATE OF BIRTH_____ AGE LAST B'DAY _____
6. PLACE OF BIRTH_____
7. SEX: MALE ☐ FEMALE ☐ HEIGHT_____CM WEIGHT_____KG
8. HAIR COLOUR_____EYE COLOUR_____
9. MARITAL STATUS: SINGLE ☐ MARRIED ☐ OTHER_____
10. VISIBLE SCARS OR MARKS:_____
11. CURRENT POSITION: _____ EMPLOYMENT DATE:_____
12. TYPE OF PASS REQUESTED: TEMPORARY ☐ PERMANENT ☐ PROXIMITY PASS ☐

13. PLACES OF EMPLOYMENT OVER THE LAST FIVE (5) YEARS *(INCLUDE DATES AND DURATION*)

_____

_____

14. PREVIOUS POSITIONS : _____

_____

15. REASON FOR LEAVING PREVIOUS POSITIONS:

_____

_____

_____

16. HAVE YOU EVER BEEN ARRESTED BY THE POLICE? YES ☐ NO ☐

REASON(S): _____

_____

17. HAVE YOU EVER BEEN CHARGED BY THE POLICE? : YES ☐ NO ☐

18. IF YES STATE THE CHARGE(S) AND OUTCOME: _____

_____

19. HAVE YOU EVER BEEN DEPORTED FROM ANOTHER COUNTRY? YES ☐ NO ☐

20. IF YES, STATE COUNTRY: _____ REASON FOR DEPORTATION: _____

_____

IMPORTANT INFORMATION

ORIGINAL COPY OF POLICE CERTIFICATE OF CHARACTER NOT EXCEEDING THREE (3) MONTHS FROM THE DATE OF ISSUANCE MUST BE ATTACHED TO THIS APPLICATION.

ALL APPLICANTS ARE SUBJECT TO EMPLOYMENT HISTORY VERIFICATION AND A CRIMINAL HISTORY RECORDS CHECK.
PERSONS REQUIRING UNESCORTED ACCESS TO THE AIRSIDE AREAS MAY HAVE TO UNDERGO A BACKGROUND CHECK.
AN INDIVIDUAL MAY BE DISQUALIFIED FROM OBTAINING AN AIRPORT SECURITY I.D. CARD IF THIS RECORD CHECK DISCLOSES CONVICTION FOR ANY SERIOUS OFFENCE OR IF THE BACKGROUND CHECKS IDENTIFY SECURITY RISKS.
FALSE STATEMENTS OR NON-DISCLOSURE OF PERTINENT INFORMATION MAY ALSO DISQUALIFY AN APPLICANT FROM RECEIVING AN AIRPORT SECURITY I.D. CARD.

THIS APPLICATION MUST BE SUBMITTED TO THE OFFICER-IN-CHARGE OF SECURITY AT THE AIRPORTS AUTHORITY OF TRINIDAD AND TOBAGO, AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE INTENDED DATE FOR COMMENCEMENT OF DUTY.

I HEREBY CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.
I AM ALSO AWARE THAT I CAN BE DEBARRED FROM BEING ISSUED AN AATT SECURITY I.D. IF I KNOWINGLY MADE ANY FALSE STATEMENT IN THIS APPLICATION.

NAME OF COMPANY / ORGANISATION:

_____

TELEPHONE: _____

FAX _____

EMAIL _____

PLACE COMPANY STAMP HERE {

NAME OF COMPANY / ORGANISATION OFFICIAL: _____

SIGNATURE OF COMPANY / ORGANISATION OFFICIAL: _____

_____ _____
APPLICANT'S SIGNATURE DATE

EMPLOYEE ACKNOWLEDGEMENT (TO BE COMPLETED WHEN I.D. CARD IS ISSUED).

I HAVE RECEIVED INFORMATION RELATIVE TO THE PROPER UTILISATION OF THE AIRPORT I.D. CARD ACCESS CONTROL SYSTEM. I ACCEPT THESE RESPONSIBILITIES AND UNDERSTAND THAT ANY VIOLATION OF THE RULES AND REGULATIONS MAY RESULT IN THE SUSPENSION OR REVOCATION OF THE AIR OPERATION AREA ACCESS PRIVILEGES.

PASS NO. | | | | | | | |

X_____ _____
APPLICANT'S SIGNATURE DATE

_____ _____
AUTHORISED SIGNATURE DATE
A.A.T.T. (WITNESS)

SECTION: 2

TO BE COMPLETED FOR VEHICLE PASS ONLY

NAME OF COMPANY / ORGANIZATION: _____

AREA OF ACCESS:	STAFF CARPARK	☐	V.I.P. CARPARK	☐	CONCESSIONAIRE PARKING	☐
	RAMP	☐	RAMP AND PERIMETER ROAD	☐	FIRE SERVICE COMPOUND	☐
	AATT ADMIN	☐	BRIKO COMPOUND	☐	BRISTOW COMPOUND	☐
	NATIONAL PETROLEUM	☐	GUARDIAN HOLDINGS	☐	AATT MAINTENANCE BASE	☐

REASON FOR ACCESS: _____

VEHICLE(S) NUMBER: _____

FOR OFFICIAL USE ONLY

NAME OF INVESTIGATING OFFICER _____

SURNAME GIVEN NAME(S) EMP NO.

RECOMENDATIONS _____

_____

_____

RECOMMENDED ☐ NOT RECOMMENDED ☐

X _____ _____

SIGNATURE OF INVESTIGATING OFFICER DATE

APPROVED ☐ NOT APPROVED ☐

X _____ _____

SIGNATURE OFFICER-IN-CHARGE (SECURITY) DATE

PLEASE PRINT OUT THIS APPLICATION AND COMPLETE THE HIGHLIGHTED SECTIONS ABOVE.

END OF APPLICATION