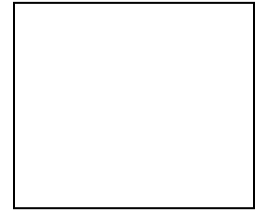




FORM: AA-IAC-FI-01

ATTACH
PHOTOGRAPH OF
APPLICANT HERE
→



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
A.A.T.T. (WITNESS)

DATE

SECTION: 2

TO BE COMPLETED FOR VEHICLE PASS ONLY

NAME OF COMPANY / ORGANIZATION: _____

AREA OF ACCESS:	STAFF CARPARK	<input type="checkbox"/>	V.I.P. CARPARK	<input type="checkbox"/>	CONCESSIONAIRE PARKING	<input type="checkbox"/>
	RAMP	<input type="checkbox"/>	RAMP AND PERIMETER ROAD	<input type="checkbox"/>	FIRE SERVICE COMPOUND	<input type="checkbox"/>
	AATT ADMIN	<input type="checkbox"/>	BRIKO COMPOUND	<input type="checkbox"/>	BRISTOW COMPOUND	<input type="checkbox"/>
	NATIONAL PETROLEUM	<input type="checkbox"/>	GUARDIAN HOLDINGS	<input type="checkbox"/>	AATT MAINTENANCE BASE	<input type="checkbox"/>

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