

APPLICANT'S PLACES OF RESIDENCE IN THE LAST FIVE YEARS :

BIOLOGICAL INFORMATION:

HEIGHT: WEIGHT: HAIR COLOUR: EYE COLOUR:

IDENTIFYING MARKS: _____

OCCUPATIONAL INFORMATION:

CURRENT EMPLOYER: _____

CURRENT OCCUPATION: _____

PREVIOUS EMPLOYER: _____

EMPLOYMENT HISTORY:

(EMPLOYERS MUST INDICATE MEANS OF VERIFICATION BY PLACING A CHECKMARK IN THE APPROPRIATE COLUMN)

P = verified in person; D = verified by documents; T = verified by telephone

EMPLOYER	ADDRESS & CONTACT NUMBER	PERIOD EMPLOYED	VERIFICATION		MEANS		
			CONTACT PERSON	DATE OF CONTACT	P	D	T

ACADEMIC/ PROFESSIONAL INFORMATION:

(EMPLOYERS MUST INDICATE MEANS OF VERIFICATION BY PLACING A CHECKMARK IN THE APPROPRIATE COLUMN)

P = verified in person; D = verified by documents; T = verified by telephone

SCHOOLS/ TERTIARY INSTITUTIONS ATTENDED	PERIOD ATTENDED	ADDRESS & CONTACT NUMBER	VERIFICATION		MEANS		
			CONTACT PERSON	DATE OF CONTACT	P	D	T

TO BE COMPLETED BY AUTHORIZED COMPANY OFFICER

RESTRICTED AREAS (TICK AREAS WHERE ACCESS IS BEING REQUESTED):

- T1: Customs Hall T2: Immigration Hall T3: Departure Lounge
- T4: Tower Block T5: Mezzanine Level T6: Departure Piers & Finger
- S1: Fuel Farm S2: Transportation Hall Extension
- S3: Tech Ops S4: Sewage Farm & Water Storage Area
- S5: Energy Centre
- S6: Versair Food Processing Plant, MOA Fumigation Centre, Cargo Village, Nav. Aid Facility, Sports Club and former Air Jamaica Delayed Baggage Centre

JUSTIFICATION FOR RESTRICTED AREA PASS

(State duties performed within restricted areas):

DECLARATION OF EMPLOYER:

I THE UNDERSIGNED, CERTIFY THAT THE INDIVIDUAL EMPLOYEE HISTORY INVESTIGATION AND CRIMINAL RECORD CHECK HAVE BEEN COMPLETED, AND ALL OTHER APPROPRIATE INVESTIGATIONS CONDUCTED AND ACCEPTED, IN ACCORDANCE WITH THE STATUTORY REQUIREMENTS GOVERNING SUCH INVESTIGATIONS; AND THAT NOTHING ARISING FROM THESE INVESTIGATIONS WOULD RENDER THE APPLICANT INELIGIBLE OR UNSUITABLE FOR THE ISSUANCE OF A RESTRICTED AREA PASS.

Company Authorized Officer's Name: _____

Company Authorized Officer's Signature: _____

Date: _____

Place Company Stamp Here: _____

TERMS OF ISSUE

AS A HOLDER OF A RESTRICTED AREA PASS I UNDERSTAND, AGREE TO AND WILL ABIDE BY THE FOLLOWING TERMS OF ISSUE:

- (a) that the Pass issued to me is the property of the NMIA Airports Ltd.;
- (b) that I will safeguard the Pass at all times and report the loss or theft of the Pass without delay to the issuing authority.
- (c) that I will not permit unauthorized use of the Pass;
- (d) that I will wear/display the Restricted Area Pass at all times when I am in a Restricted Area; it will be worn on either the chest, breast (above the waist line) or front upper arm with picture and expiration date facing forward.
- (e) that I will not knowingly and willingly assist a person not in possession of a valid Restricted Area Pass to gain entrance into a Restricted Area;
- (f) that I will surrender the Restricted Area Pass on termination of employment or on demand of the issuing authority or a member of the Airport Security Staff.
- (g) I understand the Pass issued to me is only valid while I am on duty or in the performance of functions directly duty related, within the areas in which I work. I will not use the Pass to access Restricted Areas for personal reasons.
- (h) I will not use the pass issued to me to bypass or attempt to bypass security access control measures. I will submit all my belongings, vehicle as well as my person to any approved screening being conducted by security or other persons authorized so to do.
- (i) That if, subsequent to the issue of this pass, I am arrested or convicted of any crime in any jurisdiction, I will within 24 hours report this arrest or conviction to the Director, Aviation Security and surrender the restricted area pass to the Aviation Security Department.

TO BE COMPLETED BY APPLICANT

I CERTIFY THAT

- A. I HAVE RECEIVED THE PASS DESCRIBED ON PAGE 6 (*PLEASE TURN OVER*)
- B. I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS OF ISSUE PRINTED ABOVE

SIGNATURE

DATE

PLEASE TURN OVER

FOR PASS CONTROL USE ONLY

<p style="text-align: center;">TYPE OF PASS:</p> <p>PERMANENT <input type="checkbox"/> TEMPORARY (UNESCORTED) <input type="checkbox"/></p>	<p>APPROVED <input type="checkbox"/></p> <p>NOT APPROVED <input type="checkbox"/></p>
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<p>POLICE RECORD ATTACHED:</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DATE OF RECORD: _____</p>	<p>RAP No: _____</p> <p>RAP ISSUE DATE: _____</p> <p>RAP EXPIRY DATE: _____</p>
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<p>AREAS GRANTED:</p> <p>A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/></p> <p>T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> T5 <input type="checkbox"/> T6 <input type="checkbox"/></p> <p>S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S6 <input type="checkbox"/></p> <p>PASS BACKGROUND COLOUR: _____</p>	<p>PROXY CARD INFO.</p> <p>CARD #: _____</p> <p>PIN #: _____</p>
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<p>ADDITIONAL INFORMATION OR REMARKS</p>	<p>AVIATION SECURITY AWARENESS TRAINING</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>DATE OF TRAINING: _____</p> <p>TEST SCORE: _____%</p>
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PASS ISSUE AUTHORISATION

<p>NAME OF ISSUING AGENT: _____</p> <p>SIGNATURE: _____</p>	<p>NAME OF LEAD AGENT: _____</p> <p>SIGNATURE: _____</p>	<p>NAME OF AVIATION SECURITY MANAGER/DIRECTOR: _____</p> <p>SIGNATURE: _____</p>
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RANDOM VERIFICATION RECORD

<p style="text-align: center;">EMPLOYMENT HISTORY VERIFICATION</p> <p>FINDINGS:</p>
<p>NAME OF AGENT: _____ SIGNATURE _____</p>
<p>DATE OF RANDOM VERIFICATION: _____</p>