



Form Ref: IDU3/2019

ID No. _____

Application form for a Permanent Pass

Applicant's Personal Details

Surname:	Forename:
Previous surname (if applicable):	Middle name(s):
Title: Mr / Mrs / Miss / Ms / other:	Company Name
Place of Birth:	Date of Birth:
National Insurance No.:	
Address:	Job Title:

Vehicle Details:

Reg. No. _____ Make _____ Colour _____

Reg. No. _____ Make _____ Colour _____

Access level required: Pass Office ONLY			
All Areas	<input type="checkbox"/>	Critical Part Internal only	<input type="checkbox"/>
Critical Part Internal and External	<input type="checkbox"/>	Landside	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Validity Period			
3 years (36 months)	<input type="checkbox"/>	1 Year (12 months)	<input type="checkbox"/>

For Contractor Passes, please confirm duration of contract			
Full Year	<input type="checkbox"/>	Other period (please state)	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Security Clearance/Training			
GSAT Training Expiry Date.....	<input type="checkbox"/>	Overseas - Security Clearance – CRC Issue No..... Expiry date.....	<input type="checkbox"/>
CRC Issue No Issue date	<input type="checkbox"/>	Fire Safety Awareness Training (where applicable)	<input type="checkbox"/>

Authorised By (Pass Office Staff Print Name)	Signed	Date

Employment Reference Information	
Full ID Pass - Airside	References must cover previous 5 years
Full ID Pass – Landside	References must cover previous 2 years
Dates	References must be listed in chronological order (most recent first)
Type of References	Employment – Gap – Personal – Education – Benefit / Inland revenue etc

To be completed prior to the application being submitted to the ID Unit

Full and continuous employment and educational details covering the last 5 years. Please give company name, address of employers/educational establishments with specific start and finish dates. If there are any gaps over 28 days, these must be accounted for by completing the IDU13 form and providing references to cover these periods.

Type of Reference	Date from: DD/MM/YY	Date to: DD/MM/YY
Name of Referee:		
Job Title:		
Company Name:		
Address:		
Phone:		
Email:		

FOR PASS OFFICE USE ONLY

Information Checked By	
Date	
Evidence Provided Y/N	
Reference Validated By (Email/letter etc)	
Additional Comments/Observations	

Type of Reference	Date from: DD/MM/YY	Date to: DD/MM/YY
Name of Referee:		
Job Title:		
Company Name:		
Address:		
Phone:		
Email:		

FOR PASS OFFICE USE ONLY

Information Checked By	
Date	
Evidence Provided Y/N	
Reference Validated By (Email/letter etc)	
Additional Comments/Observations	

Type of Reference	Date from: DD/MM/YY	Date to: DD/MM/YY
Name of Referee:		
Job Title:		
Company Name:		
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Phone:		
Email:		

FOR PASS OFFICE USE ONLY

Information Checked By	
Date	
Evidence Provided Y/N	
Reference Validated By (Email/letter etc)	
Additional Comments/Observations	

Type of Reference	Date from: DD/MM/YY	Date to: DD/MM/YY
Name of Referee:		
Job Title:		
Company Name:		
Address:		
Phone:		
Email:		

FOR PASS OFFICE USE ONLY

Information Checked By	
Date	
Evidence Provided Y/N	
Reference Validated By (Email/letter etc)	
Additional Comments/Observations	

Authorised Signatory Declaration

I, as the Authorised Signatory, confirm that the **recruitment and interview procedures** adopted when employing the applicant named on this application form, complies with the requirements of the current EU & UK Aviation Regulation (SCD (A)) Chapter 11.1 & 2. I also confirm that **satisfactory references have been received and have been submitted** to the Airport ID Unit. Any gaps over 28 days have been accounted for and a suitable reference provided.

I can confirm I have seen **proof of ID, National Insurance Number and applicant's home address**.

In light of these references and the subsequent verification procedure I have followed, I confirm that the applicant named is a suitable person to be issued with a permanent BIA security pass.

I understand that all supporting documentation, such as original references, and records regarding this application, must be retained and are subject to Belfast International Airport and Civil Aviation Authority audits.

I agree that when the BIA security pass is no longer required, I shall notify the Airport ID Unit immediately and arrange for the return of the pass.

Name of Authorised Signature:
Company Name:
Job title:
Date:
Authorised Signatory's signature:

Applicant's Declaration

Please do not sign this form until instructed to do so by ID Unit staff.

The information provided on this application form is required by Belfast International Airport in order to meet the requirements of the Aviation Security Act 1982, as amended by the Aviation and Maritime Act 1990, and government directions.

Do you currently have any pending criminal prosecutions? YES NO
If yes, can you give details of the offence you may be prosecuted for?

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Please read the following and then sign and date the application form:

- I confirm that the information supplied is complete and accurate.
- I agree to abide by the terms and conditions of being a BIA security pass holder, and have been made fully aware of my responsibilities.
- I understand that failure to comply with airport bylaws, Belfast International Airport instructions and security notices, may result in disciplinary action and/or the withdrawal of my security pass.
- I declare that if during the time I hold the BIA security pass I am convicted of any crimes, I notify both my company and the ID Unit as a matter of priority.
- I declare that if my Airport pass is lost or stolen, I will immediately contact the Security & Passes Office during normal working hours to advise them of this, or the Airport Police if the ID Unit is closed.
- **I confirm receipt of my BIA security pass and a copy of the Pass Holders Handbook** which explains the rules and regulations relating to the use of my pass and airport security zones. I understand that I am required to read this document and keep it safe, and that should I have any questions relating to the contents **I should contact the ID Unit staff immediately.**
- As a full pass holder I understand that at times I may be required to be an escort for a visitor, and that acting as an escort I must accompany visitors at all times while they are in the Critical Part. I understand that as an escort I am accountable for controlling Temporary Pass Holders under my supervision and must ensure they are kept in line of sight within close proximity whilst in the Critical Part.

Applicant's signature:
Date:

For office use only	
Pass Issued by:	
ID Validated:	
Form Completed:	
Evidence Checked:	
Proof of identity checked & attached:	
Identity serial number:	
Date:	

FOR AUDIT USE ONLY WHERE APPLICABLE

Form Audited By	
Date	
Signed	