

SECTION C - DRIVING REQUIREMENTS

Does your work require you to drive on Airfield? Yes ___ No ___
Ramp? Yes ___ No ___

If Yes to either question, please state reason: _____

Driving Licence Information

(Only to be completed by applicant's requesting permission to drive on the Ramp or the Airfield.)

Licence Number: _____	Expiry Date: __/__/____ (dd/mm/yyyy)
Categories of Vehicle for which licence is valid (B, C1, etc.) _____	
A FULL DRIVING LICENCE IS REQUIRED TO DRIVE AIRSIDE Your Original Driving Licence must be produced at the time of AIC Issue	

If your company is not permanently based at Shannon Airport, please state the name of the company sponsoring your work at Shannon Airport:

Company Name: _____

Contact Name: _____

(This person must be listed with Shannon Airport Authority plc as an Authorised Signatory)

SECTION D - TO BE COMPLETED BY A REGISTERED AUTHORISED SIGNATORY

Is the Applicant Directly Employed ___ Contracted ___ ? (Please tick one)

Please Answer the following:

1. What work will the applicant carry out at Shannon Airport? _____
2. Please provide : Start Date _____ Finish date _____
3. Will the applicant be carrying out any Ground Handling activities? Yes ___ No ___
4. Will the applicant be authorised to escort visitors to Shannon Airport
Yes___ No___ **Note proof of training for those authorised to escort must be provided.**
5. Will the applicant be authorised to use **PROHIBITED ARTICLES/TOOLS** in the course of their duties in Critical Parts of Security Restricted Areas: Yes___ No___

Please give reason why (job description)_____

Staff who are authorised and required to bring prohibited articles/tools in to security restricted areas in the course of their duties are responsible for ensuring that these prohibited articles/tools are controlled and kept secured at all times.

Return of Airport Identification Cards:

I undertake to ensure the return of this applicant's access permit to the AIC when it expires or when the applicant either ceases to be employed by us or ceases to have requirement to enter any restricted area(s).

Aviation Security Training:

I confirm that the Mandatory Basic Security Awareness Training (BSAT) has been completed and a certificate signed by a DTTaS Approved trainer is submitted with this application. I confirm that if the applicant duties require them to be authorised to escort visitors that appropriate training has been provided and that if specified, this applicant's duties requires that he/she is authorised to carry certain prohibited articles (tools etc.) from landside to Critical Parts of Security Restricted Areas.

Airside Training:

I confirm that where this applicant's duties require Airside (Ramp) access and Airside (Ramp) Driving authorisation that Approved Airside Training instruction has been provided before he/she commences unescorted Airside (Ramp) duties.

The National Civil Aviation Security Programme requires that all staff requesting access to security restricted areas are subject to a minimum 5 year background check (confirmation of the applicants identity and previous employment/college history). Please confirm that your company has conducted this background check and that the results confirm, as far as can be reasonably ascertained that the applicant is a suitable person to be issued with an unescorted airport access permit.

Yes: _____ No: _____ Signed: _____ (Authorised Signatory)

Date: _____ Name in Block Capitals: _____ Ref No: _____

SECTION E - TO BE COMPLETED BY APPLICANT AT TIME OF ACCESS PERMIT ISSUE

I hereby acknowledge receipt of:

- i. My Airside/ Access Permit ii. Shannon Airport Security Briefing

I understand and will comply with the responsibilities of being an access permit holder and accept that failure to comply with Shannon Airport's Bye-Laws and Security Regulations may result in the withdrawal of my Access Permit. I hereby declare that the above information is both true and correct and any misrepresentation may result in denial of or withdrawal of my Access Permit. I hereby acknowledge that I am not authorised to commence unescorted airside (Ramp) duties until successful completion of S.A.A-approved Airside Safety training and Airside (Ramp) Driving Training where appropriate.

In circumstances, where an Enhanced Background Check is required, I authorise the Garda National Crime & Security Intelligence Service to furnish to the above Organisation Shannon Airport dac a Security Check Disclosure. Please tick box

Do you need a copy of the original?

I confirm that I have provided documentation to validate my identity as required and I hereby authorise the Garda National Vetting Bureau to furnish to the above Organisation a statement that there is no Criminal Record information to disclose in respect of me in Ireland or elsewhere, or a statement of Criminal Record information in Ireland or elsewhere, as the case may be.

Intelligence Service to furnish to the above Organisation a Security Check Disclosure. Please tick box

Applicant's Signature: _____ Date: __/__/____ (dd/mm/yyyy)

Completed forms and supporting documents may be returned to: Airport ID Office
Office 19, Link Corridor.
Shannon Airport