



shannon AIRPORT



Reference No. _____

Application for a Permanent Airport Identification Card at Shannon Airport (Form ID-1)

CONDITIONS OF ISSUE

1. This form must be completed in **BLOCK CAPITALS** by the applicant and by the company authorised signatory. An authorised signatory may not approve their own application. Authorised signatory applications shall be approved by the Chief Officer-Security Airport Police.
2. I hereby authorise Shannon Airport to make any enquiries in relation to this application that are deemed necessary in the interest of security and for that purpose I consent to having my details checked by An Garda Síochána (such check is repeated annually).
3. The applicant must provide at least one of the following as positive means of identification at the time of access permit issue: Passport, Driving Licence or other identification issued by the State containing a photograph, name and address. OR must provide certified colour copies of these documents.
4. The applicant is required to provide a utility bill with their present address not older than the previous 3 months
5. The applicant is required to successfully complete the mandatory BSAT in advance of issue of AIC.
5. Applicants seeking permission to drive on Airside areas must produce their full driving licence at time of access permit issue.
6. The applicant must pay the appropriate fee for the access permit.
7. This completed application and identification documents and proof of address must be returned to the Airport ID Office.
8. Failure to complete any part of this form will result in the form being returned.
9. Airside access, Airbridge operating facilities and Airside driving will only be permitted following receipt of recognised approvals.
10. You must wear and display your access permit in a prominent position at all times while Airside.
11. You must comply with instructions of Airport Police, Authorised Officers or Airport Search Officers.
12. You must surrender your airport access permit to an Authorised Officer when requested.
13. You must report lost or stolen permits to the Airport ID Office/Airport Police immediately: Failure to report lost or stolen cards immediately may result in your employer being informed and your AIC not being reissued.
Phone: (061) 712194 Admin, Phone: (061) 712190 Airport Police (Outside Office Hours)
114. Airport Identification Cards are strictly non-transferrable.
15. All Airport Identification Cards remain the property of Shannon Airport. They must be surrendered to the Airport ID Office or your Company's Authorised Signatory upon cessation of employment, expiry, or a new access permit is issued for any reason.
16. An Airport Identification Card shall be withdrawn if it appears to be altered in any way.
17. All holders of Airport Identification Cards must familiarise themselves with the Airport Bye-Laws and Airport Directives and Aerodrome manual.
18. Smoking is prohibited at all times airside
19. An access permit does not carry automatic right of entry – Access is only permitted while staff are on duty carrying out their official duties.
20. Application forms for which no permit is collected within 6 months will be destroyed and reapplication will be required. AIC's not used within a 6 month period may be suspended without prior notice.

I agree to comply with the above conditions of issue.

Signed _____ **Date** _____

E-mail Address: _____

SECTION A - APPLICANT INFORMATION

Is this your first time applying for an Airport Access Permit? Yes: ____ No: ____

If No, Which company was your employer when you last held an AIC? _____

What was your access permit reference number? _____ (Located in white box at centre of the bottom of access permit)

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere? Yes: ____ No: ____

Please provide details _____

Title: Mr/Mrs/Miss/Ms (circle as appropriate)	Forename: _____	Surname _____	Maiden Name: _____
Present Home Address: _____ _____ _____		Previous Home Address: _____ _____ _____	
Date of Birth: __/__/____ (dd/mm/yyyy)		Nationality:	
Contact Telephone No:		Mandatory Field E-mail Address:	
Car Reg.:	Make:	Model:	Colour

SECTION B - EMPLOYMENT DETAILS (to be filled out by applicant)

Employer Name: _____	Employer Telephone Number: _____
Employer Business Address: _____ _____ _____	Job Department: _____ Job Title: _____ Staff No: _____

Please state precise office or work-base location: _____

Permanent: ____ Fixed Term Contract ____

Start Date? __/__/____ (dd/mm/yyyy) Finish Date? __/__/____ (dd/mm/yyyy)

ACCESS LEVEL – Please tick ‘Yes’ or ‘No’ for the area, which you are requesting access:

Note: Applicants are granted the minimum access required by them to carry out their Operational duties.

Does your work require Airfield access (Runways & Taxiways)? Yes/No
If Yes, please state reason: _____

Does your work require Ramp access in the Critical Part of Security Restricted Area? Yes/No

If Yes, please state reason: _____

Does your work require Airside Terminal Building access? Yes/No
If Yes, please state reason: _____