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 at intervals not exceeding 5 years).
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.
4. The applicant is required to successfully complete the mandatory Module 1 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 application 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 been informed and your AIC not been reissued.
    Phone: (061) 712194 Admin, Phone: (061) 712190 Airport Police (Outside Office Hours)
14. 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 An Airport Identification Card shall be withdrawn if it appears to be altered in any way.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 _____

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:		

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

Employer Name: _____ Employer Business Address: _____ _____ _____	Employer Telephone Number: _____ 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: _____

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Does your work require Airside Terminal Building access? Yes / No

If Yes, please state reason: _____

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.

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

Completed forms may be returned to:

Airport ID Office
Office 19, Link Corridor.
Shannon Airport