

## COVID-19 Passenger Locator Form



You are recommended to keep this for information for 14 days after your arrival.

This form is to be filled in by passengers arriving to Ireland from overseas. The information you provide may be used to contact you in the next 14 days for the purposes of verifying the details given on this form. This form may also be used for the purposes of contact tracing in relation to confirmed or suspected cases of Covid-19.

### Requirement to complete this form

- Passengers arriving to Ireland from overseas are required to complete this form, including Irish citizens.
- Once completed, the form should be given to an officer at your point of entry to the State.

### Exemptions

- Passengers arriving in the State through a port or airport are required to complete this form with the exception of the following:
  - > Passengers arriving from Northern Ireland.
  - > Passengers leaving the State from their port or airport of arrival without otherwise exiting the port or airport.
  - > Holders of a Certificate for International Transport Workers, or drivers of a heavy goods vehicle, who are in the State in the course of performing their duties.
  - > Aircraft crew, including the pilot, who are in the State in the course of performing their duties.
  - > Ship crew, including the maritime master, who are in the State in the course of performing their duties.
  - > Foreign diplomats.

### Instructions

- One form should be completed for each passenger aged 16 or older. Details of children under the age of 16 should be included on a form completed by an adult accompanying them.
- If you will be remaining in the State overnight, please complete sections 1 and 2, provide contact details in section 3 and sign and date section 4.
- If you are leaving the State today by aircraft or ferry or travelling to Northern Ireland

- please complete sections 1 and 2, tick the box in section 3 and sign and date section 4.
- If any of the information you provide on this form changes in the next 14 days, you are required to send an email with your complete and updated information to the following email address: [passengerlocatorform@plf.ie](mailto:passengerlocatorform@plf.ie)
- You may be contacted during the 14 days following your arrival in the State to verify the information you have given in the form.

### Offences and penalties

The following offences are punishable by a fine not exceeding €2,500 or imprisonment for a term not exceeding 6 months, or both.

- It is an offence not to complete this form in the manner specified.
- It is an offence to provide false or misleading information in this form.
- It is an offence not to provide an update if any of the information in section 3 of the form changes in the next 14 days or period of stay, whichever is the shorter.
- It is an offence to fail to give an officer who requests it information required to verify the details on this form.
- In addition to these offences, a member of An Garda Síochána may direct a person who is not complying with the requirements in respect of this form to so comply. Failing to comply with that direction is an offence for which you may be arrested.
- A member of An Garda Síochána who suspects that an offence has been committed may demand the name and address of the person who is suspected of committing the offence. Failure to comply with this demand or the production of a false name and/or address is an offence for which a person may be arrested.

### Data Protection

- The Minister for Health and the Health Service Executive are the data controllers for the information provided on this form.
- The information provided on this form, and any updates that you send using the [passengerlocatorform@plf.ie](mailto:passengerlocatorform@plf.ie) email address, may be used for the following purposes:
  - > To contact you to verify this information on this form in the 14 days following your arrival.
  - > This form may also be used for the purposes of contact tracing in relation to confirmed or suspected cases of Covid-19.
- Personal data contained in this form may be collected and processed by the following:
  - > Border Management Unit of the Department of Justice and Equality.
  - > Garda Immigration Officers.
  - > Health Service Executive.
- This form and any copies of it, and any updates that you send using the [passengerlocatorform@plf.ie](mailto:passengerlocatorform@plf.ie) email address, will be destroyed 28 days after your arrival, unless the form is required for law enforcement purposes.
- If you wish to exercise your rights under the General Data Protection Regulation, you should contact the Data Protection Officer in the Health Service Executive  
Email: [DPO@hse.ie](mailto:DPO@hse.ie)

**1. Personal Details:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**2. Travel Information:**

Carrier name: \_\_\_\_\_

Date of arrival: \_\_\_\_\_

Time of arrival: \_\_\_\_\_

Point of departure: \_\_\_\_\_

Point of arrival: \_\_\_\_\_

Reason for travel (tick one):

- Resident in Ireland:
- Visiting Family/Friends:
- Holiday/Travel:
- Work:
- Transfer flight:
- Transiting to Northern Ireland:
- Relocating to Ireland:

Other (please specify): \_\_\_\_\_

**3. Contact details where you can be reached:**

**Exemption**

If you are leaving the port or airport but will not be residing in the State overnight because you are travelling on to Northern Ireland or overseas, you do not need to provide further contact information. You may be asked for evidence in support of this.

If you wish to claim this exemption please tick here, sign and date the form in part 4.

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Places and dates of residence for the next 14 days:

Address 1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ Until: \_\_\_\_\_

Address 2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ Until: \_\_\_\_\_

Child 1:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address if different from accompanying adult:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child 2:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address if different from accompanying adult:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional details can be provided on a separate form if necessary.

**4. Sign and date this part of the form:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_