

**RESTRICTED AREA PASS APPLICATION
 FOR ST. JOHN'S PORT AUTHORITY**

1 Water Street, P.O. Box 6178, St. John's, NL A1C 5X8

NEW
 RENEWAL
 REPLACEMENT
 EDIT
 LOST

PART 1 COMPANY/SPONSOR		
COMPANY NAME	COMPANY ADDRESS / TELEPHONE	
PART 2 APPLICANT'S INFORMATION		
SURNAME (Print)		GIVEN NAMES (Print)
DATE OF BIRTH (MM-DD-YYYY)	HEIGHT	EYES
OCCUPATION		TELEPHONE
CLEARANCE EXPIRY DATE		
PART 3 CERTIFICATION OF REQUIREMENT BY DESIGNATED COMPANY CONTACT		
Marine Operations Department <u>TERMS OF ISSUE</u>		
<p>As a holder of a Restricted Area Pass, I understand, agree to, and will abide by the following terms of issue:</p> <p>a) That the card issued to me is the property of the St. John's Port Authority;</p> <p>b) That as a cardholder, I will safeguard the card at all times, and report the loss or theft of the card to the Port Authority, and that I will not permit unauthorized use of the card, nor assist a person not in possession of a Restricted Area Pass to gain entrance into a Restricted Area;</p> <p>c) That the card issued to me is only valid for those restricted areas to which I require access during the performance of my duties (or functions directly related thereto);</p> <p>d) That the card issued to me has been designed to be worn on the outer clothing on the left or right of the chest or on the outer left or right upper arm when the chest location interferes with my ability to work, and with the front of the card visibly displayed;</p> <p>e) That I will surrender the Restricted Area Pass on termination of employment or on demand of the issuing authority or a member of the Port Security Staff; and that I have been informed of the fifty-five dollar (\$55.00) fee associated with the administration card system and that should I not return the card as required to the Port Authority or require a replacement card, that I will be subject to a fee set by the St. John's Port Authority or Transport Canada of one hundred dollars (\$100.00) for each card not returned.</p>		
Company's Signature _____		
Employee's Signature _____		Date _____
PART 4 SJPA OFFICE USE ONLY		
Approving Authority SJPA PSO	Signature	Date
_____	_____	_____