



SAINT LUCIA AIR AND SEA PORTS AUTHORITY
 P.O. BOX 651 CASTRIES SAINT LUCIA WEST INDIES
 TELEPHONE: (758) 457-6100, 457-6155 FAX: (758) 457-6190, 453-0889

PORT ID ORGANIZATION PERMIT APPLICATION

(All information should be typed or printed)

Application Type: **New** **Renewal**

Organization Details		
Organization Name	Organization Manager/CEO/Owner	Telephone #: _____
Organization Location	Mailing Address	Fax#: _____
Organization Type		Email: _____

Detail Reason for Access to SLASPA's Ports

Note: Membership of SLASPA's ID System is strictly controlled and monitored. Only organizations with a genuine need will be permitted to join. Please give details below on why your organization needs to join the system.

Please note Proof of Registration or Incorporation is Required.

Identify proposed access locations:	Proposed Number of ID's Required	Proposed Number of Vehicle Permits Required
G.F.L.C H.I.A C.S	_____	_____
V.F.S L.P.C P.S	_____	_____

Authorized Signatory Nomination

The Authorized Signatory role plays a major part in airport and seaport security and it can be very demanding in addition to their current job function. This should be taken into consideration when deciding who to nominate for this position.

The nominated Authorized Signatory must be a responsible individual who will be effective in following SLASPA ID regulations. All Authorized Signatory nominations must satisfy all the security requirements for issuance of a permanent ID Pass. Company Directors/Owners/GMs are not recommended as Authorized Signatories however based on the size and structure of the entity this may not apply. If the nominated signatory already holds a Permanent SLASPA ID Pass no references or Police Background Check are required.

FOR OFFICIAL USE ONLY (Do not write in this section)				Registration #:
Receipt No.	Authorized by	Issued by	Expiry Date	Organization Prefix
Notes: 				

Proposed Authorized Signatory One Detail

First Name:	Last Name:	Position in Company
Email:	Contact Number	
Permanent Pass Holder? Yes No (If Yes) Port ID #: _____ (If No) Please attach References & Police certificate of character.		
Nominated Signatory Home Address <i>(For the purpose of required Security checks, Home address and postcode is required)</i>		
Home Address:	Nominated Authorized Signatory Sample Signature:	
Nominated Authorized Signatory Declaration I confirm that I will only authorize the issue of identity passes for persons who have a valid requirement to have a presence in the area(s) requested for their employment.		
Signature _____		Date ____ / ____ / ____

Proposed Authorized Signatory Two Details

First Name:	Last Name:	Position in Company
Email:	Contact Number	
Permanent Pass Holder? Yes No (If Yes) Port ID #: _____ (If No) Please attach References & Police certificate of character.		
Nominated Signatory Home Address <i>(For the purpose of required Security checks, Home address and postcode is required)</i>		
Home Address:	Nominated Authorized Signatory Sample Signature:	
Nominated Authorized Signatory Declaration I confirm that I will only authorize the issue of identity passes for persons who have a valid requirement to have a presence in the area(s) requested for their employment.		
Signature _____		Date ____ / ____ / ____

ID System Declaration

I confirm that the organization listed above has a genuine reason for requiring membership of SLASPA's Port ID System and will comply with the rules and regulations governing SLASPA's ID System.

Signature _____ Date ____ / ____ / ____
Organization Manager/CEO/Owner