



SLASPA

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

REPLACEMENT PORT PASS FORM

Application Cost \$80.00EC+VAT

<u>Name of Pass Holder</u>		Official Use Only	
		#: RPF /	
		Original Issue date(dd/mm/yyyy):	
<u>Reason For Replacement</u>		Replacement Issue Date(dd/mm/yyyy):	
Damaged <input type="checkbox"/> *Stolen <input type="checkbox"/> *Lost <input type="checkbox"/> Faulty <input type="checkbox"/> Other <input type="checkbox"/> _____ <i>Pass must be surrendered to receive new one. If not an un-surrendered pass fee will be incurred.</i> Explanation: _____ _____ _____ _____ _____ _____		Expiry Date(dd/mm/yyyy)::	
		Old Card Number:	New Card Number:
		Card Condition:	
		Receipt No.:	Authorized By:
<u>Date of Birth</u> (dd/mm/yyyy)	<u>Nationality</u>	Issued By:	
<u>Telephone Number</u>	<u>Home Address</u>	Old Pass or Lost/Stolen pass declaration form Received? YES / NO	
Home:			
Work/Cell :			
<u>Employer</u>	<u>Occupation</u>		

Signature of Pass Holder: _____

Date: _____

Signature of Applicant(Company/Business): _____ Date: _____
(Company Stamp Required)

Note: This renewal application will be attached to and filed with the Original Application of the **Pass Holder**. By signing this Renewal Application, the **Applicant and Pass Holder** agree to comply with the **Terms of Issue** printed on the reverse side of the Original Application.