



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

Authorized Signatory Form

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.

New Signatory Nominated By				
Organization Name:		Organization Address:		
Telephone #:	Fax #:			
Nominators Full name:	Position in Company:	Email:	Contact #:	
<u>Nominator's Declaration</u>				
I the undersigned confirm that this request meets the requirements as detailed above in paragraph 1.				
Nominator's Signature _____			Date ___/___/_____	

Proposed Authorized Signatory Details

First Name:	Last Name:	Position in Company
Email:	Contact Number	
Permanent Pass Holder? Yes No (If Yes) Port ID #: _____		
<i>(If No)</i> Please attach References&Police Background Check.		



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What Pass Types this Signatory will sign for

Permanent ID Pass	30 Day Temporary ID Pass	1-5 Temporary/Visitor ID Pass
Tools of the Trade Pass	Permanent Vehicle Permit	Temporary Vehicle Permit

Nominated Signatory Home Address

(For the purpose of required Security checks, Home address and postcode is required)

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 ____ / ____ / ____