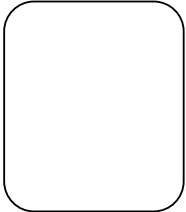




APPLICATION FOR CARGO ACCESS CARD



DATE _____

NAME: _____

ADDRESS: _____

PERMANENT ADDRESS: _____

HAND PHONE OR CONTACT NO: _____

PASSPORT OR N.I.D NO: _____

DESIGNATION: _____

AGENT / GROUP: _____

NATIONALITY: _____

AREAS	✓	REASON
DCS		
WHS		

PLEASE ISSUE CARGO OPERATION ACCESS PASS IN THE ABOVE APPLICANTS NAME FOR OUR ORGANIZATION.
I/WE CERTIFY THAT WE TAKE FULL RESPONSIBILITY FOR APPLICANTS ACTION IN PERFORMING CARGO RELATED WORK.

SINGATURE: _____

NAME: _____

ON BEHALF OF THIS ORGANIZATION



OFFICIAL STAMP

FOR ISLAND AVIATION USE ONLY				
PASS NO.		FORM NO.		YES / NO
STAFF REG NO.		AREAS PERMITTED	DCS	
DATE OF ISSUE:			WHS	
APPLICATION RECEIVED DATE		DATE OF EXPIRY		

