

# ANGUILLA AIR & SEA PORTS AUTHORITY

## SEA PORTS ENTRY PASS APPLICATION FORM

### Section 7 of the Seaports Regulations

Application No: \_\_\_\_\_

It is mandatory that all fields in this application be completed

#### **SECTION 1: PERSONAL INFORMATION: (To be completed by applicant)**

First Name:		
Middle Name(s):		
SURNAME/FAMILY NAME (block letters):		
Previous names – Maiden name, other names you are known as, or have used:		
Contact Number:	Email:	
Gender:        M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: ____/____/____ (DD-MM-YYYY)	
Home Address:		
Previous Addresses: (only fill out if you have lived at the above address less than 5 years)		
Country of Citizenship:	Town of Birth:	
Country of Birth:	Immigration Status:	
Visa/Work Permit Number (if applicable):	Expiry Date: ____/____/____ (DD-MM-YYYY)	
Passport Number:	Issuing Country:	Expiry Date: ____/____/____ (DD-MM-YYYY)

#### **EMPLOYED BY**

Business/Company Name:
Position:

Certified copy of passport and visa/work permit (if applicable) **MUST** be provided with application form.

**SECTION 2: EMPLOYMENT HISTORY INFORMATION**

Employment period must cover previous 5 years without gaps (if applicable)  
with the most recent listed first.

	Date from: _ / _ / _ (DD-MM-YYYY)	Date to: _ / _ / _ (DD-MM-YYYY)
Your Position:		
Business/Company Name:		
Business/Company Address & Contact Details: Address:		
Telephone Number:		Daytime Telephone Number:
Email Address:		Fax Number:

	Date from: _ / _ / _ (DD-MM-YYYY)	Date to: _ / _ / _ (DD-MM-YYYY)
Your Position:		
Business/Company Name:		
Business/Company Address & Contact Details: Address:		
Telephone Number:		Daytime Telephone Number:
Email Address:		Fax Number:

	Date from: _ / _ / _ (DD-MM-YYYY)	Date to: _ / _ / _ (DD-MM-YYYY)
Your Position:		
Business/Company Name:		
Business/Company Address & Contact Details: Address:		
Telephone Number:		Daytime Telephone Number:
Email Address:		Fax Number:

	Date from: _ / _ / _ (DD-MM-YYYY)	Date to: _ / _ / _ (DD-MM-YYYY)
Your Position:		
Business/Company Name:		
Business/Company Address & Contact Details: Address:		
Telephone Number:		Daytime Telephone Number:
Email Address:		Fax Number:

### Section 3. TO BE COMPLETED BY THE APPLICANT AND THE EMPLOYER

I \_\_\_\_\_ (Applicant) confirm that the details provided are correct and that I have an operational need for frequent access to the port area as defined by the Seaports Regulations and therefore request that an Entry Pass be issued to me. I undertake to notify the Sea Ports Management Office of any changes to the particulars set out above, including any criminal convictions obtained against me or criminal charges brought against me, and to ensure the return of the Entry Pass when I no longer have any need for it or if it has been cancelled or suspended.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD-MM-YYYY)

I \_\_\_\_\_ of \_\_\_\_\_  
(Authorised Signatory) (Company/Organisation Name)

Confirm that the applicant and employer details are correct and confirm that the applicant named in section 1 has an operational need for frequent access to the port area as defined by the Seaports Regulations and request that an Entry Pass be issued to applicant. I undertake to notify the Sea Ports Management Office of any changes to the applicant's particulars, including any criminal convictions of the applicant or criminal changes brought against the applicant, and to ensure the return of the Entry Pass when there is no longer an operational need for it or if it has been cancelled or suspended.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD-MM-YYYY)

#### Section 4

**Date Application Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD-MM-YYYY)

**Application:** ☐ APPROVED for a period of \_\_\_\_\_ Months / Years  
☐ NOT APPROVED

**Reason for Non-approval:** ☐ Failure to provide all of the required data as per Application Form  
☐ Failure to Declare Prior Criminal Record or Existing Criminal Charges  
☐ Holds a Current Criminal Record  
☐ Prior Abuse of Entry Pass  
☐ Prior Unsafe Activity within the port area  
☐ Any offence, which can reasonably be viewed as having been facilitated through a breach of security, or the circumstances of which can reasonably be viewed as involving dishonest or suspicious actions on the part of the applicant

**Type of Pass:** ☐ Entry Pass for Sea Ports.

#### APPLICATION FINALISED:

Pass Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD-MM-YYYY)

Person Authorising: \_\_\_\_\_ (Please Print Name)

Position & Department \_\_\_\_\_ / \_\_\_\_\_

## Section 5

## CONDITIONS OF USE

All holders of Entry Passes **MUST BE** briefed verbally prior to the Entry Pass being issued.

The responsibilities of the holder of an Entry Pass include:

- Safeguarding the Entry Pass and accounting for its lawful use at all times.
- Reporting the loss of your Entry Pass immediately to the Sea Ports Management Office
- Submitting to the search of yourself and items you are carrying when entering or leaving a port area as defined by the Seaports Regulations.
- Wearing the Entry Pass on outer clothing on the front of the body at chest or shoulder height at all times when on duty at a Sea Port. Failure to wear the Entry Pass in this manner will result in it being confiscated and the violator being escorted from the port area.
- If supervising the holder of an Escorted Temporary Visitor Pass (ETVP), escorting the ETVP holder at all times in accordance with the prescribed rules and regulations.
- Using only the valid Entry Pass issued to you to gain access to a port area or restricted area at a Sea Port.
- Notifying the Sea Ports Management Office of the details of any offence of which you are charged or convicted within 7 days of the charge or conviction.
- Never allowing anyone else to use your Entry Pass.
- Presenting your Entry Pass to access control staff for inspection and validation whenever access is sought to a port area or restricted area at a Sea Port.
- Showing your Entry Pass upon demand to a security officer when requested.
- Returning your Entry Pass within **7 days** to the Sea Ports Management Office when the validity has expired, employment is terminated or if the Entry Pass is cancelled or suspended.
- Not to knowingly or willfully alter or tamper with the Entry Pass in any manner whatsoever.
- Ensuring that you only access areas at the port that you are authorised to enter.
- Keeping items taken into the port area and any restricted area to a minimum and ensuring that you comply with any rules pertaining to prohibited items.
- Only using your Entry Pass to enter the port area and restricted area when you are on duty and acting in the capacity in which you have been employed by the Company/Organisation referenced above.

It is to be noted that:

- The Entry Pass is valid for a maximum of 1/2 years and must be kept in a secure location when not in use.
- The Entry Pass remains the property of the Anguilla Air & sea Port Authority at all times
- Unauthorised retention or refusal to return the Entry Pass will be considered as theft and prosecution sought for all offenders

**Section 6:****Conditions of Use Cont'd**

All Entry Pass holders are required to sign this form prior to their Entry Pass being issued.

By completing and signing this application form, the applicant represents that he or she has the authority of his or her employer to enter into this contract on behalf of both himself or herself and his or her employer, and that the applicant, as well as his or her employer, has agreed to be bound by the above conditions of issue and be responsible for any breaches of the conditions of issue by the holder of the Entry Pass.

**RECEIPT**

I \_\_\_\_\_ acknowledge receipt of Sea Port Entry Pass, Issue No. \_\_\_\_\_, which remains the property of the Anguilla Air & Sea Ports Authority and is on loan to me only whilst I am employed in my current capacity. I agree to notify the Sea Ports Management Office of any changes to my personal particulars. I understand my Entry Pass is to be returned to the Sea Ports Management Office immediately on expiry, cancellation, suspension or if no longer required.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD-MM-YYYY)

Issuing Officer: \_\_\_\_\_ Position: \_\_\_\_\_