**AVSEC Form-001B**

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| **PEMIT NUMBER:** |

**PERMANENT PERMIT APPLICATION FORM**

**(Valid for 2 years)**

**All applicable fields must be completed in full.**

**Incomplete applications will be rejected**

**Indicate Airport:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Personal Permits:**   1year (only in exceptional cases)  2 years

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| **SECTION 1: APPLICANT DETAILS**  **(BOTH PERSONAL AND TEMPORARY PERSONAL PERMITS)** | | | | | | | | | | |
| **Original identity document/passport/, must be submitted to the permit office** | | | | **Foreign passports must be submitted with a valid work**  **permit, business permit and visa** | | | | | | |
| Do you currently have a permit? Yes  No | | | | **Head of Department** | |  | | | | |
| **Company** |  | | | **Department** | |  | | | | |
| **Company Tel** |  | | | **Company physical**  **Address** | |  | | | | |
| **Surname** |  | | | **First Full Name** | |  | | | Initials |  |
| **Job Title / Function** | |  | | **Gender** | | Male  Female | | | | |
| **NAM Citizen** | Yes  No | | | **ID Number**  **(Please attach a certified copy)** | |  | | | | |
| **Country of Origin** |  | | | **Passport Number**  **(Please attach a certified copy)** | |  | | | | |
| **Employee No:** |  | | | **Contact Number** | |  | | | | |
| **Home Address**: |  | | | | | | | | | |
| **Suburb** |  | | **City** | |  | | **Postal Code** |  | | |
| **Have you within last 2 years attended Airside Safety and Security Induction Training** | | | Yes  No | | **Date of Training** | |  | | | |
| (\***Attach copy of Airside Safety and Security Induction Training Certificate)** | | | | |

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| **SECTION 2. CRIMINAL RECORD VERIFICATION BY NAMPOL.** | | | | | | |
| **Do you have a criminal record** | | Yes  No | If yes, indicate nature of offence: | | | |
| **Verified By:** | | Print name | | | **NAMPOL STAMP AND SIGNATURE** | |
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| **2.1 Consent by The Applicant** | | | | | | |
| I the applicant, give consent to Namibia Airports Company to capture and store information of my fingerprints on the Permit Data Base for Access Control Management System. | | I the applicant agree to comply and abide with all **safety and security related rules and regulations on NAC owned/managed airport as stipulated on this application form, NAC Policy and Procedures, Civil Aviation Act No 6** and confirm that all information provided by me on this form is true and correct. | | | | |
| **Signature of Applicant** |  | | | **Date of Application** | |  |

| **SECTION 3**  **3.1: PERMISSIONS – ONLY AUTHORISED SIGNATORIES MAY COMPLETE THIS SECTION** | | |
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| Companies requiring permission for their staff members to operate a vehicle or ground servicing equipment on the Airside must complete the following section. | | |
| Airside Vehicle Operator Authorisation | Category:  A  M  N/A | A: Apron, Cargo and Service Roads  M: Manoeuvring Area |
| Radiotelephony License  (Applicable for Manoeuvring Area) | Yes  No  N/A | * Kindly attach a certified copy of Radiotelephony License if any |
| Valid Driver’s License | Yes  No  N/A | * Kindly attach a certified copy of Driver’s License. |
| Valid Ground Service Equipment Training (GSE) | Yes  No  N/A | * Kindly attach a certified copy of Training |
| Valid Airside driving training | Yes  No | * Kindly attach a certified copy of Training |

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| **Section 3.2: Provide particulars of vehicles/equipment to be operated by the applicant**  **(Attach additional information if more than 4 vehicles/equipment)** | | | | | |
| **Registration No.** | **Make** | **Model** | **Engine No.** | **Chassis/Vin No.** | **UHF Radio (Yes/No/N/A)** |
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| **Section 4: Permissions – only Authorised Signatories may complete this section** | | |
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| I / We hereby authorize the Namibia Airports Company to issue our employee named above with a Security Permit as requested. I / we undertake **to return this security permit** to the issuing authority when said employee either ceases to be employed by us, or thereon should not be given access to restricted area(s) at this Airport. I confirm that such access required into connection with business of this company for the period stipulated. | | |
| Where does the applicant perform his or her primary duty? Please mark with (X) the applicable work area and select the relevant zones required. | | Apron and BMA  Departure Hall  Cargo  Arrivals Hall  Landside Areas T1-T3  Fire and Rescue |
| All Areas Except  Manoeuvring areas | Airside  Immigration and Customs Officials  Perimeter Fence  meeters and greeters airport areas  Staff Entrance | |
| All areas | Baggage Area  Departure Hall  Arrivals Hall  Baggage Handling System  Taxiways  Perimeter Fence  Meeters and Greeters areas  Arrival Hall  Departure Hall  All Server Room | |
| Departure Hall  Arrival Hall | Retail Facilities etc. | |
| Apron  Arrivals and  Departure Hall | Arrival Hall  Departure Hall  Main Server Room  Retail Facilities  Airline offices  Transfer facility  Baggage Reclaim outside | |
| Cargo | Terminal 3/Cargo Airside Areas | |
| Landside | Terminal 1 and Terminal 2 (Check-In, Car Rentals, Restaurant etc.),  Terminal 3/Cargo Landside Area | |
| If access required is not listed above (please motivate) |  | |
| Reason for Permit Application (not “work”) |  | |
| Cell phone: Yes  No  Camera Yes  No  Tools Yes  No    Companies requiring permission for their staff members to use **cell phones, cameras tools must attach and submit a letter of motivation signed by the authorised signatory together with permit application forms to NAC permits office, 25 working days in advance.** Strictly the letter among all things must state control measures over the use of the above permissions. Unless supported by detailed require documents no permissions will be granted. (Please mark with an “X” to indicate the applicable permission(s). | | |

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| Permit Number of Signatory |  | Department: |  |
| Name and Surname |  | | |
| Authorised Persons Signatory |  | Date: |  |
| **IMPORTANT** | **Your signature is validated against registered signatures carried in the system.** If you are not the registered signatory for the required department, the application form will be **rejected.** | | |

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| **5. FOR PERMIT OFFICE USE ONLY** |

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| **REVIEWED BY:** |  | | | Date Received |  | |
| **APPROVED OR NOT APPROVE** | Approved |  | | Not Approved |  | |
| **STATE REASON IF APPLICATION IS REJECTED** |  | | | | | |
| **ARISIDE DRVING APPROVAL** | Approved  Not Approved | | | | | |
| If approved specify: | | A | | | M |
| **AIRSIDE DRIVING APPROVAL**  **GRANTED BY** |  | | | | | |
| **APPROVED BY:** |  | | | | | Date Approved: |
| **SIGNATURE FOR APPROVAL** |  | | | | |
| **ISSUED BY:** |  | | | | | Date Issued: |
| **SIGNATURE OF THE ISSUING OFFICER** |  | | | | |