



**SECURITY PASS CONTROL OFFICE  
YELLOWKNIFE AIRPORT**  
RESTRICTED AREA IDENTIFICATION CARD APPLICATION

PART A – RAIC APPLICANT					
Surname		Given Name		Middle Initial	DOB (YYYY-MM-DD)
Home Address			City	Territory/Province	Postal Code
Height (CM)	Eye Colour	Hair Colour	Email Address		Phone Number
<p>MY SIGNATURE ON THIS DOCUMENT INDICATES MY CONSENT TO THE COLLECTION, STORAGE AND DIGITAL ENCODING OF MY FINGERPRINTS, HEAD-AND-SHOULDER PHOTOGRAPHS, PHOTO IMAGES OF THE IRIS OF BOTH OF MY EYES AND THE PERSONAL DATA PROVIDED ON THIS APPLICATION FORM FOR THE PURPOSE OF CREATING A RESTRICTED AREA IDENTIFICATION CARD WHICH WILL BE USED TO VERIFY MY IDENTITY UPON ENTRY TO, AND WHILE IN, RESTRICTED AREAS OF THE YELLOWKNIFE AIRPORT.</p>					
SIGNATURE				DATE	
YOU MUST PROVIDE VALID GOVERNMENT ISSUED ID AND RETURN ANY PREVIOUS PASSES					

PART B - COMPANY SIGNING AUTHORITY					
<b>PASS TYPE</b>	<input type="radio"/> RAIC	<input type="radio"/> AIRCREW	<input type="radio"/> TEMPORARY PASS		
<b>REQUEST TYPE</b>	<input type="radio"/> NEW	<input type="radio"/> REPRINT	<input type="radio"/> TRANSFER	<input type="radio"/> LOST/STOLEN	<input type="radio"/> OTHER
<b>EMPLOYER</b>	<input type="radio"/> SINGLE	<input type="radio"/> MULTI	<input type="radio"/> CHANGE	<input type="radio"/> ADD	<input type="radio"/> REMOVE
<b>AVOP</b>	<input type="radio"/> D/A	<input type="radio"/> D	<input type="radio"/> D/U		
<b>KEY REQUESTED</b>	_____				
<p>I, THE UNDERSIGNED, CERTIFY THAT THE APPLICANT NAMED ABOVE HAS THE ONGOING NEED &amp; RIGHT FOR THE REQUESTED RESTRICTED AREA IDENTIFICATION CARD AND LISTED ASSESTS. I WILL NOTIFY THE YELLOWKNIFE AIRPORT SECURITY PASS CONTROL OFFICE IMMEDIATELY UPON TERMINATION OF THE APPLICANTS EMPLOYMENT. AS A REQUESTING OFFICER FOR MY ORGANIZATION, I ACCEPT THE RESPONSIBILITY FOR THE RESTRICTED AREA IDENTITY CARD AND ASSESTS ISSUED. I GAURENTEE THAT THEY WILL BE RETURNED WHEN NO LONGER REQUIRED OR UPON EXPIRY. FURTHERMORE, ON BEHALF OF MY ORGANIZATION I COMMIT TO PAY ALL FEES LEVIED BY THE YELLOWKNIFE AIRPORT FOR FAILURE TO RETURN OR FOR THEIR MISUSE.</p>					
<b>Employer 1</b>			<b>Employer 2</b>		
Applicants Occupation			Applicants Occupation		
Company Name			Company Name		
Name of Requesting Officer			Name of Requesting Officer		
Signature		Date	Signature		Date
SIGNATURE IS VALID FOR 7 DAYS – FORMS WITHOUT A DATE WILL NOT BE ACCEPTED					

**Security Pass Control Office Use Only**

Pass Type	Pass Expiry Date	Pass Number	Card #
Date Pass Produced	DCN Expiry Date	Identification Number	Confirmed
Pass Office Signature		Applicant Signature	