

SECURITY PASS CONTROL OFFICE
YELLOWKNIFE AIRPORT
RESTRICTED AREA IDENTIFICATION CARD APPLICATION

| PART A – RAIC APPLICANT | | | | |
|---|------------|-------------|---------------|--------------------|
| Surname | | Given Name | | Middle Initial |
| Home Address | | City | | Territory/Province |
| Height (CM) | Eye Colour | Hair Colour | Email Address | Phone Number |
| 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. | | | | |
| SIGNATURE | | | DATE | |
| YOU MUST PROVIDE VALID GOVERNMENT ISSUED ID AND RETURN ANY PREVIOUS PASSES | | | | |

| PART B - COMPANY SIGNING AUTHORITY | | | | | |
|---|------------------------------|-------------------------------|--------------------------------------|-----------------------------------|------------------------------|
| PASS TYPE | <input type="radio"/> RAIC | <input type="radio"/> AIRCREW | <input type="radio"/> TEMPORARY PASS | | |
| REQUEST TYPE | <input type="radio"/> NEW | <input type="radio"/> REPRINT | <input type="radio"/> TRANSFER | <input type="radio"/> LOST/STOLEN | <input type="radio"/> OTHER |
| EMPLOYER | <input type="radio"/> SINGLE | <input type="radio"/> MULTI | <input type="radio"/> CHANGE | <input type="radio"/> ADD | <input type="radio"/> REMOVE |
| AVOP | <input type="radio"/> D/A | <input type="radio"/> D | <input type="radio"/> D/U | | |
| KEY REQUESTED | | | | | |
| I, THE UNDERSIGNED, CERTIFY THAT THE APPLICANT NAMED ABOVE HAS THE ONGOING NEED & RIGHT FOR THE REQUESTED RESTRICTED AREA IDENTIFICATION CARD AND LISTED ASSETS. I WILL NOTIFY THE YELLOWKNIFE AIRPORT SECURITY PASS CONTROL OFFICE IMMEDIATELY UPON TERMINATION OF THE APPLICANT'S EMPLOYMENT. AS A REQUESTING OFFICER FOR MY ORGANIZATION, I ACCEPT THE RESPONSIBILITY FOR THE RESTRICTED AREA IDENTITY CARD AND ASSETS ISSUED. I GUARANTEE 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. | | | | | |
| Employer 1 | | | Employer 2 | | |
| 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 | |
| Date Pass Produced | DCN Expiry Date | Identification Number | |
| Pass Office Signature | | Applicant Signature | |