

PART A – PERSONAL DETAILS OF APPLICANT

Surname:		First name:	
Date of Birth:		Mobile:	
Address:			
Email:			
ASIC no.		Issuing body:	

CONDITIONS OF ISSUE:

1. Access is provided via your ASIC and is granted by the Security Operations Manager pursuant to the Airport Assets (Restructuring and Disposal) Act 2008.
2. Contravention of any Commonwealth or State Law attracting the issue of a Security Infringement Notice may result in a fine or removal of access and forfeiture of ASIC or both.
3. This approval is only valid for Cairns Airport.
4. Cairns Airport ID and Access Office is to be notified by the person who has been granted access when changes to personal details occur, access is no longer required, where the ASIC is returned to the issuing authority, on ceasing employment or being transferred to another area not requiring Cairns access.
5. Loss or destruction shall be reported IMMEDIATELY to the CAPL ID and Access Office on 4080 6742.
6. Only designated landside/airside access points shall be used.
7. Inappropriate or unauthorised use of access privileges will result in access being withdrawn.
8. Ensure the gate or door you access with the CAPL ACCESS closes and secures behind you before proceeding.
9. Be compliant with CASA Regulation Part 99 in regard to Drug and Alcohol Management Plan requirements.
10. Applicants must complete **Security Awareness (SAT) & Airport Customer Experience (ACE) online training**. Please email asics@cairnsairport.com.au and request your unique link (Training link emailed from North Queensland Airports)

I agree to comply with the above conditions.

Signature		Date	
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PART B – EMPLOYER'S / SPONSOR STATEMENT

Applicants Occupation:	
Access Required:	

I, _____ of _____
(full name) (Company)

contracted to / working for _____

confirm the above applicants operational need for these access requirements and authorise the applicant to obtain access as designated by CAPL.

Signature: _____ Date: _____

Business Address: _____

Telephone: _____ Email: _____

Payment of \$25.00 for Access card: CARDHOLDER or EMPLOYER/SPONSOR

ISSUING OFFICER ONLY

ASIC No:	Payment Details	Staff ASIC No:
Issuing Body:		Verified by:
Expiry:		Date: