



Application form for: Port Security Access

2017

Port Facility Unit

TEMPORARY ☐

FIRST APPLICATION ☐

RENOVATION: ☐

BADGE no. _____

IF RENOVATION, MUST SUBMIT OLD BADGE

COMPANY DATA ☐ / CONTRACTORS ☐

PERSONAL DATA

Name company:			
Last name:	Chamber of commerce:	Yes <input type="checkbox"/> No <input type="checkbox"/>	if yes, dossier nr.
First name:	Address:		
Job title:	Tel:		
Address:	Fax:		
Phone:	E-mail address:		
Cellular:			

IF YOU ARE A CONTRACTOR FOR APA, PLEASE FILL IN THE FOLLOWING

ID Number:	Contact person Aruba Ports Authority N.V.:
Nationality:	Contact person contractor:
Working from20.....till.....20.....	

Fill in if you are applying for a vehicle pass

FILL IN IF YOU ARE A TRAINEE FOR ABOVE COMPANY OR CONTRACTOR

Taxi	<input type="checkbox"/>	School / University:	
Tour bus	<input type="checkbox"/>	Address:	
Personal vehicle	<input type="checkbox"/>	Tel:	Contact person Aruba Ports Authority N.V.:
Industrial/Other	<input type="checkbox"/>	Fax:	
Other	<input type="checkbox"/>	Training period from20.....till.....20.....	

NOTE:

If applying for a car decal, attach copy of valid *driving license*, valid *insurance* and a valid *technical inspection* documents.

PORT ACCESS FEES

ID BADGE AWG. 40,- ☐ TAXI AWG 75 ☐
CAR DECAL AWG. 210,- ☐ Online Banking #.

BADGE "YELLOW" GENERAL ACCESS

BADGE "RED" ONLY FOR PORT AUTHORITIES

NON-RESTRICTED AREAS		RESTRICTED AREAS			
Taxi area	<input type="checkbox"/>	Access Dock "B"	<input type="checkbox"/>	A <input type="checkbox"/>	Access Dock "A"
Tour bus area	<input type="checkbox"/>	Access Dock "C"	<input type="checkbox"/>	B <input type="checkbox"/>	Access Dock "B"
Transfer	<input type="checkbox"/>	Access Dock "E"	<input type="checkbox"/>	C <input type="checkbox"/>	Access Dock "C"
Kiosk Area	<input type="checkbox"/>	Access Dock "F"	<input type="checkbox"/>	D <input type="checkbox"/>	Main Security Office
Terminal -1	<input type="checkbox"/>	Access Dock "G"	<input type="checkbox"/>	E <input type="checkbox"/>	Access Dock "E"
Terminal -2	<input type="checkbox"/>	Access Dock "H"	<input type="checkbox"/>	F <input type="checkbox"/>	Access Dock "F"
Terminal -1 & 2	<input type="checkbox"/>	Access Dock "I"	<input type="checkbox"/>	G <input type="checkbox"/>	Access Dock "G"
Access Dock "A"	<input type="checkbox"/>			H <input type="checkbox"/>	Access Dock "H"
				I <input type="checkbox"/>	Access Dock "I"
				J <input type="checkbox"/>	Vessel Control Tower

DISQUALIFICATIONS

Anyone arrested or suspected of any offense or crime, even though eventually pardoned, granted amnesty, or otherwise released as result of any other similar legal action and/or anyone known, believed, or suspected to be a narcotics addict or trafficker, and/or anyone who has been subject of a criminal investigation with regard to violation of import/export laws, **must report this below**. Giving false, incorrect or incomplete information (half-truths) in your application constitutes ground for disqualifications. If this is discovered after the Security ID Badge has been issued, the badge will immediately be revoked.

Do any of the above situations apply to you? ☐ YES ☐ NO

If Yes, Please explain:.....

IMPORTANT

If you are applying for an ID badge, a drugtest is required for all areas, for non-restricted areas a letter of good conduct is required and for restricted areas a security assessment is required. You may also be tested for drug and alcohol while in possession of a valid Port ID badge. The Aruba Ports Authority NV has the discretionary authority to deny any person or company access to the port premises. Any person who has caused or is involved in an accident on one of the port premises will be submitted to a drug and alcohol test. This person will not be permitted to leave the harbor until the drug and alcohol tests are complete.

NOTE:

NOTE: attach copies of letter of conduct, drugtest, valid ID and extract of the Chamber of Commerce. If foreigner also copy of valid work permit

By signing this document you agree with all the rules and regulations of the Aruba Ports Authority NV

FOR MORE IMPORTANT INFORMATION PLEASE TURN PAGE

Applicant's signature	Signature of Manager, Owner or authorized representative of employer
_____	_____
Date:	Date:

Bank accounts: CMB-15267105 RBC-3054942 ARUBA BANK-128710

TO BE FILLED IN BY PORT AUTHORITY OFFICIAL

Date received:.....	Certificate of good conduct
Approved: _____	Kenmerk nummer: _____
NOT Approved: _____	Expected date: _____