

## **Application form for: Port Security Access**

2015

| ARUBA PORTS AUTHORITY NV   |   |  |   |  |   |  |  |           | 101010         |            |            |             |              |
|--|---|--|---|--|---|--|--|-----------|----------------|------------|------------|-------------|--------------|
| RENOVATION 🗆   |   | FIRST AP   | PPLICATION [  |  | Registration no.                                      |  |  |           |                |            |            |             |              |
| IF RENOVATION,   | BADGE   | COMPAN   | NY DATA 🗆 🖊   | CONTRA   | CTORS 🗆   |  |  |           |                |            |            |             |              |
| PERSONAL DATA  |   |  | Name cor  | npany:   |   |  |  |           |                |            |            |             |              |
| Last name:   | ие:   |  |   | Chamber  | of commerce:  | Yes 🗆  | $\Box  \text{No}  \Box  if yes, \ dossier \ nr.$ |           |                |            |            |             |              |
| First name:  |   |  | Address:  |  |   |  |  |           |                |            |            |             |              |
| Job title  |   |  | Tel:  |  |   |  |  |           |                |            |            |             |              |
| Address:   |   |  |   | Fax:   |   |  |  |           |                |            |            |             |              |
| Phone:   |   |  |   |  | E-mail address:                                       |  |  |           |                |            |            |             |              |
| Cellular:  |   |  |   | IF YOU ARE A CONTRACTOR PLEASE FILL IN THE FOLLOWING         |   |  |  |           |                |            |            |             |              |
| ID Number  |   |  |   | Contact p  | Contact person Aruba Ports Authority N.V.:            |  |  |           |                |            |            |             |              |
| Nationality  | Nationality   |  |   |  | Contact person contractor                             |  |  |           |                |            |            |             |              |
| Gender: M 🗆 F 🗆  |   |  |   | Working from   |   |  |  |           |                |            |            |             |              |
|  |   |  |   | FILL IN IF YOU ARE A TRAINEE FOR ABOVE COMPANY OR CONTRACTOR |   |  |  |           |                |            |            |             |              |
| Fill in only if you are  | e pass  | School / University:                                   |   |  |   |  |  |           |                |            |            |             |              |
| Taxi   |   |  | Address:  |  |   |  |  |           |                |            |            |             |              |
| Tour bus   |   |  |   |  |   |  | Contact person Art                               | uba Por   | ts Aut         | hority N.V | V.:        |             |              |
| Personal vehicle   |   |  |   | Fax:   | -   |  | ·  |           |                |            |            |             |              |
| Industrial/Other   |   |  | Training <sub>I</sub>                                   | Training period from   |   |  |  |           |                |            |            |             |              |
| Vehicle access:  | Blue (  | Cargo area   | Barcadera/O   | ranjestad)   | □Yel  | low (Cruis                                       | e area)  | Re        | d (All         | areas)     |            |             |              |
|  |   |  | NOTE  |  |   |  |  |           | POR            | ACCES      | S FEES     |             |              |
| If applying for a car  | decal, attac  | h copy of v  | alid driving lic  | ense, valid  | insurance an  | d a valid  | ID BADGE AV                                      | VG. 40,   | -              |            | TAX        | I AWO       | G. 75,- 🗆    |
| technical inspection   | documents.  |  | -   |  |   |  | CAR DECAL AV                                     | VG. 210   | ),-            |            |            |             |              |
| Cruise area  |   |  |   | Yellow   |   | -  |  |           |                |            |            |             |              |
| Caxi area  |   |  | Yellow  |  | -   | BADGE "RED" A                                    | ALL A  | REAS      | AND AD         | DITION     | AL ACCI    | ESS         |              |
| Tour bus area  |   |  |   | Yellow   |   | <u> </u>   | ~  |           |                |            |            |             |              |
| Cruise terminal nr. 6  | A   |  | Yellow  |  |   | minal nr. 6                                      | A  |           |                |            |            |             |              |
| Cruise terminal nr. 7 B  |   |  |   | Yellow   |   |  | minal nr. 7                                      | B         |                |            |            |             |              |
| Cruise terminal nr. 9 C  |   |  | Yellow<br>Blue  |  |   | minal nr. 9<br>/ Cargo Oranjestad                | C<br>D   |           |                |            |            |             |              |
| Container / Cargo Oranjestad D Image: Container / Cargo Barcadera   G Image: Container / Cargo Barcadera G   |   |  |   | Blue   |   |  | / Cargo Barcadera                                | G         | H              |            |            |             |              |
| Container / Cargo Da   | readera   | 10   |   | Dide   | DISQUAL   |  |  |           | 10             |            |            |             |              |
| Anyone arrested or su<br>and/or anyone known<br>import/export laws, <b>n</b><br>is discovered after the<br>Do any of the above s   | , believed, o<br>nust report<br>Security ID<br>ituations ap | or suspected<br>this below<br>Badge has<br>ply to you? | to be a narcoti<br>. Giving false, i<br>been issued, th | cs addict or<br>incorrect or<br>ne badge will<br>YES         | trafficker, and,<br>incomplete info<br>11 immediately | /or anyone v<br>ormation (h<br>be revoked.<br>NO | who has been subjec<br>lalf-truths) in your a    | et of a c | rimina         | l investig | ation with | regard to   | violation of |
| If Yes, Please explain   | :   |  |   |  |   |  |  |           |                |            |            | ·····       |              |
| If you are applying for  | r on ID hade  | ra a lattar c  | f good conduct  | (ovolucivo   |   | RTANT  | ad areas of the new                              | te of th  | o <b>A</b> mul | Do Dorto   | Authority  |             |              |
|  |   |  | •   |  |   |  | -  |           |                |            | -          |             | h: NTV7      |
| a drugtest and a secur   | 2   |  |   |  | U   |  | 1  |           |                | U          |            |             | 2            |
| has the discretionary authority to deny any person or company access to the ports Oranjestad or Barcadera. Any person who has caused or is involved in an accident<br>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. |   |  |   |  |   |  |  |           |                |            |            |             |              |
| on one of the port pre-  | mises will b  | e submitted  | to a drug and a   | alcohol test.  | This person w   | ill not be pe                                    | ermitted to leave the                            | harbor    | until t        | he drug a  | nd alcohol | i tests are | complete.    |
|  | F   | By signing (   | this document   | vou agree v  | with all the ru                                       | les and reg                                      | ulations of the Aru                              | ba Por    | ts Au          | hority N   | V          |             |              |
|  |   |  | FOR M   | ORE IMPO   | RTANT INFC  | ORMATION   | N PLEASE TURN H                                  | PAGE      |                |            |            |             |              |
| NOTE: attach copies o  | of letter of co   | nduct, drug  |   |  |   |  |  |           | lid wo         | ·k permit  |            |             |              |
|  |   | . –  |   |  |   |  |  |           |                | -          |            |             |              |
| Applicant's signature  |   |  | Signature of N  | Ianager, Ov  | vner or authoriz                                      | zed represei                                     | ntative of employer                              |           |                |            |            |             |              |
|  |   |  |   |  |   |  |  |           |                |            |            |             |              |
| Date:  |   |  | Date:   |  |   |  |  |           |                |            |            |             |              |
|  |   |  | тс  | ) BE FILLI   | ED IN BY PO   | RT AUTH  | ORITY OFFICIAI                                   |           |                |            |            |             |              |
| Date received:   |   |  |   |  |   |  | Date received:                                   |           |                |            |            |             |              |
|  |   |  |   |  |   |  |  |           |                |            |            |             |              |
| □ Approved:  |   |  |   |  | □ NOT approve   | ed:  |  |           | _              |            |            |             |              |