

Application form for: Port Security Access



TEMPORARY <input type="checkbox"/>		FIRST APPLICATION <input type="checkbox"/>		RENOVATION: <input type="checkbox"/>		BADGE no.	
IF RENOVATION, MUST SUBMIT OLD BADGE			COMPANY DATA <input type="checkbox"/>		CONTRACTORS <input type="checkbox"/>		
PERSONAL DATA		Name company:					
Last name:		Chamber of commerce:		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>if yes, dossier nr.</i>			
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	<input type="checkbox"/>		Fax:			
Other	<input type="checkbox"/>		Training period from20.....till.....20.....				
NOTE:				PORT ACCESS FEES			
<i>If applying for a car decal, attach copy of valid driving license, valid insurance and a valid technical inspection documents.</i>				ID BADGE AWG. 40,- <input type="checkbox"/> TAXI AWG 75 <input type="checkbox"/>			
				CAR DECAL AWG. 210,- <input type="checkbox"/> Online Banking #.			
ACCESS BADGE							
Yellow	<input type="checkbox"/>	Transportation (Taxi/Tours/Transfer etc.)Vendors and Tenants		Certificate of Good Conduct and drug test is required			
Blue	<input type="checkbox"/>	Contractors and general access		Certificate of Good Conduct and drugtest is required			
Red	<input type="checkbox"/>	Restricted Area / Authorised personnel		Certificate of Good Conduct, drugtest and an additional Security Screening is required (VO)			
DISQUALIFICATIONS							
<p>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.</p> <p>Do any of the above situations apply to you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, Please explain:.....</p>							
IMPORTANT							
<p>If you are applying for an ID badge, a drugtest is required for all areas, for non-restricted areas a Certificate of good conduct is required and for restricted areas an additional 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.</p>							
NOTE:							
<p>NOTE: attach copies of certificate of good conduct, drugtest, valid ID and extract of the Chamber of Commerce. If foreigner also copy of valid work permit.</p> <p>By signing this document you agree with all the rules and regulations of the Aruba Ports Authority NV</p> <p>FOR MORE IMPORTANT INFORMATION PLEASE TURN PAGE</p>							
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 Kenmerk nummer: _____ Expected date: _____			
Approved: _____ NOT Approved: _____							