Application for ID card





Request for new ID (full/permanent) Re Request for new ID (temporary pass)		reactivation:adge type:
Employee information (To be completed	d by applicant - not employer)	
ID Pass No:	Surname:	Forename(s):
Sex M/F:	Date of Birth:	Place of Birth:
Height:	Eye Colour:	Hair Colour:
Nationality:	Passport No:	Drivers License No:
National Insurance No:	Home Tel No:	Mobile Tel No:
Home Address:		
		Postcode:
Company:	Department:	Job Title:
Please state any periods longer than 28 days	s spent abroad and give reasons why:	
To be completed by the applicant at t	he time of issue of the Airport ID card	
I have received a copy of the Security har understood the extract from the Aviation as	ndout which explains the rules relating to the and Maritime Security Act 1990, which is represented that making a false declaration will lead to n	use of my ID card. I have read and roduced overleaf. I confirm the details given
2. All Security restricted ID cards remain the	property of Cardiff Airport Ltd and must be r longer requires the issue of such an ID card.	, ,
3. The ID card must be clearly displayed on rule, for safety reasons, is granted only in	the person when working within the Restricts writing from the Security Manager.	ed Areas of the Airport. Exemption from this
4. The ID card is only to be used when the a	pplicant is ON DUTY.	
Outside office hours telephone (01446 71 Police and a Crime Reference Number ob 6. Do you agree that the ID centre and empl	ould be telephoned immediately to the Airpor 2502) and followed up in writing within 24 ho stained. oyer may approach your former employers, experimental information disclosed in your application for	urs. The loss should be reported to the ducation establishments, government
Proof of identity will be required (photographs of Airport ID card: Applicants signate	to drivers license or passport or EU/U	K identity card) at the time of issue

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(Use block capitals and complete all sections)



Employee information (To be comple	eted by the Authorising Officer)	
Surname:	Forename(s):	Company name:
Company Address:		
		8
		Postcode:
Department:	Office Tel No:	Email:
Access level required:		
Blue: external SRA or internal SRA or both	Red: all areas of SRA Ye	ellow: non security restricted areas
Extract from Aviation and Maritime Act 1. Subject to subsection (4) below, a personal subsection (4) below.		
a. for the purpose of, or in connection with the subsection applies, or	with an application made by him or a	nother for the issue of an identity document to which
	on (3) below, to any employee or age	ocument which has already been issued, he makes to not of such a person or to a constable, a statement
		been issued by any of the persons specified in which is required by a direction given by the Secretary
3. The persons referred to in subsection (1) above are:	
a. the manager of an aerodrome in the	United Kingdom	
b. the authority responsible for an air na	avigation installation in the United Kir	ngdom
c. the operator of one or more aircraft r	egistered or operating in the United h	Kingdom, and
 d. any person who is permitted to have activities of a business carried by him. 	access to a restricted zone of an ae	odrome or air navigation for the purposes of the
4. Subsection (1) above does not apply in conferred by section 20 (2) (aa) of this		n authorised person in the exercise of the power
5. A person guilty of an offence under sub the standard scale.	section (1) above shall be liable on s	ummary conviction to a fine not exceeding level 5 on
Authorising officer statement		
I have received written confirmation cov	vering five years confirming employ	ment or specific gaps. I have also checked
-		ng Licence Number
,	, ,	on overleaf is correct. I have read and understand pplicant does/does not (delete where applicable)
	- · · · · · · · · · · · · · · · · · · ·	not (delete where applicable) require to carry tools
of trade.	a rica. The applicant does does	THE (active where applicable) require to early tools
Authorised signature:		
Office use only		
Fire training completed:		GSAT cert issued:
Disclosure issued:	5 year background check comple	eted by: Type of identification:
No. of identification:	Date of issue:	Signature of Issuing Officer:

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