LETTERHEAD OR STAMP OF THE APPLICANT COMPANY (annex n. 1 ENG.)

FACSIMILE	**REQUEST FOR AIRPORT PASS ISSUE**

To AST Aeroservizi S.p.A. Pass Office Lampedusa, the_____

The undersigned_____acting as Legal Representative of

Company/Government Agency/_____registered office _____

in_____n_____Tax ID code/_____

e-mail_____Phone number_____

requests the airport pass release to_____

born the _____in_____Tax ID code_____

employed at Company/Government Agency/ as_____

Reasons for requesting_____(first issue, renewal, changes, replacement, theft, decay, etc……).

Carrying out jobs such as_____in the following areas:

Request for

- ☐ Changing of airport areas access
- ☐ New issue
- ☐ Expiration date renewal
- ☐ Issue to a person with an existing pass issued by another national airport
- ☐ Replacement in case of theft/loss
- ☐ Replacement in case of damage/deterioration
- ☐ Daily duplicate issue

The person, the authoritazion is requested for, needs to access the following areas:

- ☐ All
- ☐ Terminal
- ☐ Critical Areas
- ☐ APRON and air side traffic
- ☐ Manoeuvring Area
- ☐ Movement Area
- ☐ Public Areas
- ☐ Luggage handling Areas

Access period granted by the authorization:

☐ From_____to_____

Other documentation required:

- ☐ Copy of the €2 receipt issued by Enac.
- ☐ Valid front/back ID copy of the applicant (Company/Government Agency Legal Representative).

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- ☐ Valid front/back ID copy and Tax ID code of the person the pass issue is required for.
- ☐ Anti-mafia statutory declaration – if required.
- ☐ Statutory declaration ex DPR n. 445/2000 (annex 2).
- ☐ Certificate of competence issued by ENAC - Circolare APT 2B (just for employees of the Company/ ground handling services provider);
- ☐ Copy of the security training certificate of the person the airport pass is required for;
- ☐ Safety training certificate copy according to UE Regulation n. 139/2014 - ADC.OR.D.017(just for critical/sterile areas access);
- ☐ Valid airport pass copy already issued by another national airport (just for the issue involving previuos airport pass owners).
- ☐ Background check (Job title and/or academic background and possible above 28 day stops during the last five days) for the person the pass issue is required for (Annex 4).
- ☐ Forbidden items access permission statement (Allegato 5).
- ☐ Administration fees payment receipt, when due.

(Company/Government Agency Legal Representative Stamp and signature)

_____

The undersigned declares to be aware of the criminal liability provided for by Article 76 of Presidential Decree 28/12/2000 No. 445 in the event of false declarations. Furthermore, he/she acknowledges that, pursuant to Article 13 of EU Regulation 679/2016 "GDPR", the above data is collected exclusively for office purposes and will not be used for other purposes without the prior consent of the interested party. At the same time, he/she acknowledges that he/she is aware of the information regarding the processing of personal data pursuant to the aforementioned legislation.

(Company/Government Agency Legal Representative Stamp and signature)

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RESERVED TO AIRPORT MANAGER – MEMBERSHIP OFFICE

The undersigned, as Membership Office Representative, considering the validity of all the documentation provided;

Considering the standard/reinforced background check outcome;

States that the applicant is provided with the following pass:

- ☐ Red
- ☐ Green
- ☐ Blue
- ☐ Yellow
- ☐ Orange
- ☐ White

With the following areas_____. **Possible exemptions**:_____

Moreover, he/she states that:

- ☐ He/she has previously interacted with Terminal Management Area in case of landside operations access;
- ☐ He/she has previously interacted with Movement Management Area and Mainteinance Area, if the access involves airside (especially for works that can cause high impact on daily airport operations).
- ☐ He/she has previously interacted with the Maintenance and/or design Manager in the eventi of work within the airport grounds, and of having obtained any specific requirements.

(Airport Representative Stamp and signature)_____

Notes:_____

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