



J.A. Pengel Int'l Airport Permanent Airport Permit Application Form

Head Office Wayambostraat 5 - Paramaribo / Suriname - Phone: +597 401348 - Fax: +597 401600 - E - mail info@japi-airport.com

Official Use Only	Issued Permanent Airport Permit No:
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Section 1: Personal Data (to be completed by permit holder)			
Name:			Photograph (4 x 5 cm)
Surname:			
Place of Birth:			
Date of Birth:			
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address			
Street:			
District:			
Phone:			
Nationality:			
ID/ Passport number:			
Job title:			
Employed since:			
Have you ever been convicted for a felony?	Yes <input type="checkbox"/>	If yes when and which felony?	No <input type="checkbox"/>
Yellow fever vaccinated	Yes <input type="checkbox"/>	If yes when?	No <input type="checkbox"/>
Permit holder's Signature:			Date: _____(d)-____(m) - _____(y)

Section 2: Employer and authorized signature (to be completed by Employer)			
Name of Organization/ Employer:			
Address			
Street:		District:	
Name of Authorized Signatory:		Telephone No.:	
		E – mail Address:	
Contact Person (if different from above):		Telephone No.:	
		Fax No.:	
		E – mail Address:	

Access Level Required						
Please mark with a '√' the employment status of the applicant and the area of access required giving justification including the frequency of access in each area						
Access Area		√	Reasons Why Access Is Necessary	Expected Frequency of Access (per week/ per month)	Official Use Only	
					Approval	Initial
Yes	No					
Green	Green Belt (safety strip)			_____wk/m		
Blue	VIP Areas			_____wk/m		

Section 2 Continued						
Red	Ramp, Baggage Make-up Area, Taxiway and Runway			_____ wk/m		
Red (P)	Ramp only			_____ wk/m		
Red (PB)	Ramp and Baggage Make-up Area			_____ wk/m		
Orange	Vital Technical Areas			_____ wk/m		
Yellow	Arrival and Departure Terminal			_____ wk/m		
Yellow (A)	Arrival Terminal			_____ wk/m		
Yellow (D)	Departure Terminal			_____ wk/m		
White	Service Area / Office Space outside of Security Restricted Areas			_____ wk/m		
Endorsement (if applicable):						
<input type="checkbox"/> 'D' – Airside Driving Endorsement by Airport Operations / Passed Airside Drivers test _____(d)-_____(m) - _____(y)						
Authorized Signature:			Date:		_____ (d)- _____ (m) - _____ (y)	

Section 3: Official Use Only						
Application received by:			Application received on (date):		_____ (d)- _____ (m) - _____ (y)	
Required documents						
1 current passport photograph					Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 current extract from the population register from the Central Bureau for Civil Affairs (CBB)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 certificate of Good Conduct					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application Rejected by:			Application Rejection date:		_____ (d)- _____ (m) - _____ (y)	
Application Approved by:			Application Approval date:		_____ (d)- _____ (m) - _____ (y)	
Remarks:						
Scheduled date Security Awareness Training						
Mo <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> _____ (d)- _____ (m) - _____ (y)				Passed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mo <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> _____ (d)- _____ (m) - _____ (y)				Passed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Endorsement(s): <input type="checkbox"/> D <input type="checkbox"/> Nil			Initial:		Date: _____ (d)- _____ (m) - _____ (y)	
Payment confirmation date: _____ (d)- _____ (m) - _____ (y)						
Approval Issuing Permit:			Date Approval Issuing Permit:		_____ (d)- _____ (m) - _____ (y)	