

APPLICATION FOR CANADA PASS

TYPE THE INFORMATION REQUIRED USING TAB TO NAVIGATE FROM FIELD TO FIELD. PRINT DOUBLE SIDED ON 8 1/2 X 14 (LEGAL SIZE) PAPER.

■ NEW	∐ RE	NEWA	L		REPLACE	MENT			
PART 1 - APPLICANT									
SURNAME	GIVEN NAMES DATE OF BIRTH								
					YEAR	MONTH	DAY		
CURRENT CALGARY PASS NUMBER YYC									
EMPLOYER (Company name)	Applic	Applicant's Occupation				Applicant's Work Phone Number			
COMPANY ADDRESS									
CITY	PROVINCE	PO!INCE PO!				OSTAL CODE			
HOME ADDRESS									
CITY	CITY PROVING				POST	AL CODE			
		1			I				
HOME TELEPHONE NUMBER			CELL PHONE NUMBER	₹					
AIRPORTS VISITED AND FREQUENCY OF VISIT	S (Attach a se	eparate she	et if more space is requir	red)					
LAST THIRTY DAYS:			ANTICIPATED DURING THE NEXT THIRTY DAYS:						
Airport			Airport # of visits						
DUTIES DEDECORMED WITHIN DESTRICTE	D ADEAC A	THESE A	AIDDODTS (Allert a se			- !! N			
DUTIES PERFORMED WITHIN RESTRICTE	D AKEAS A	I INESE F	AIRPORTS: (Attach a se	parate snee	et if more spac	e is requirea)			
REASONS IT IS NOT FEASIBLE TO MAKE PASS EXCHANGE ARRANGEMENTS AT THE AIRPORTS LISTED ABOVE: (Attach a separate sheet if more space is required)									
Soparate Shoot it meter opace to required;									
I, the undersigned, certify that the information set out by me in this document is true and correct to the best of my									
knowledge and belief.			1						
Applicants Signature				Date					

APPLICATION FOR CANADA PASS - PAGE 2

PART 2 - 0	COMPA	NY DESIGNA	ATED REQUESTING	OFFICER				
I, the undersigned, certify that the individual named on the reverse is employed by my organization, that a Canada Pass is essential for them to effectively carry out their assigned duties, and that the information set out in this document is true and correct to the best of my knowledge and belief. I also certify that I have read the relevant excerpts of the Canadian Aviation Security Regulations, acknowledge that my corporation has specific responsibilities regarding Airport Restricted Area Access Passes issued on my request, and realize that the maximum amount payable by my organization for contravention of these regulations is \$25,000.								
Requesting Officer's Name		TITLE		SIGNATURE				
BUSINESS PHONE NUMBER	DATE							
Comments of Requesting Officer								
PART 3 - PASS CONTROL								
FILE NUMBER	CLEARANCE EXPIRY DATE							
1808-								
VERIFIED BY								
Name	Dat	e	SIGN	ATURE				
OTHER INFORMATION								
PART 4 – SECURITY MANAGER CALGARY AIRPORT AUTHORITY								
CANADA PASS AUTHORIZED:								
SIGNATURE			DATE					
Comments of Security Manager								
CANADA PASS DENIED FOR THE FOLLOWING REASONS:								
SECURITY MANAGER'S SIGNATURE			DATE					
Comments of Security Manager								
PART 5 – RECEIPT OF CANADA PASS								
I, the undersigned, certify that:								
I am the applicant named on the face of this form;								
I have received Canada Pass YYC;								
I have received a copy of the Terms of Issue, and that I have read, understood and agree to abide by these terms of								
issue. RECIPIENT'S NAME		Date		SIGNATURE				
WITNESS'S NAME		Date		WITNESS'S SIGNATURE				