

Maritime Security Pass Application Form

To be completed by the Company Sponsor and submitted to maritimesecuritypass@ports.je

Section 1: Personal Details

Company Name: _____
Job Title: _____
Title: _____ **Full Name:** _____
Nationality: _____ **Date of Birth:** _____
Email: _____ **Tel No:** _____
Home Address: _____ **Post Code:** _____

Section 2: Pass Details

Validity Requested: **From:** **To:**

Type of ID: Permanent Contractor

| | | | |
|------------------------|--------------------|-----|--------------------------|
| Areas Required: | Access all areas | AAA | <input type="checkbox"/> |
| | Albert Terminal | A | <input type="checkbox"/> |
| | Elizabeth Terminal | E | <input type="checkbox"/> |
| | Gorey RZ | G | <input type="checkbox"/> |
| | La Collette RZ | L | <input type="checkbox"/> |
| | Marine Section | M | <input type="checkbox"/> |
| | New North Quay | N | <input type="checkbox"/> |
| | Victoria Pier | V | <input type="checkbox"/> |

Section 3: Sponsor

Name of Sponsor: _____ **Sponsor's Signature:** _____
Date: _____ **Tel No:** _____

For Official Use Only (on processing of ID)

Proof of Identification Supplied: _____

Name of Applicant: _____

Signature _____ Date: _____