

Form 9 - Application for Edinburgh Airport ID pass for Diplomats and Persons with **Statutory Rights of Access**

This application form must be completed in full by the Authorised Signatory. Failure to complete any part of this application form, or to provide the required supporting documentation, will result in the issue of the ID pass being refused.

To knowingly give false information in connection with this application for an ID pass, by either the Authorised Signatory or ID pass applicant, is an offence under the Aviation Security Act 1982 as amended by the Aviation and Maritime Security Act

Please in	ndicate w	which typ	e of ID p	ass y	ou a	re requesting:										
Tick	(Short o	y pass duration cract)	Days	Tick		Full pass (Max 60 months/ 5 years)	M	Months		Tick		(Max	Landside pass (Max 60 months/ 5 years)		Mo	onths
Is the pass a reissue?											Yes		No			
Section	1 - Appli	cant's In	ıformatio	n (m	nust	be completed in f	ull)									
Company prefix:						ID number:									*	
Title: Dr/Prof/Mr/ Mrs/Miss/Other (please specify)						Surname:						-			•	
Forenames:						Other names:	nes:									
Gender:						Date of birth:					DD	/MM	/YY			
Company	name:						•									
Department				Job title:												
ID pass format:						Pin number required?		Yes			No					
Clearan	ce Detail:	s (note: t	his section	n is n	ot re	equired for a diplor	natio	annli	cati	on)						
Type of security clearance held		<u> </u>	CRC/**OCRC		_	СТС				please specify)						
Date of clo	earance:															
** OCRC	– Oversea	as CRC														
Type of ID presented:							ID serial number:									
Warrant Number or equivalent:		ſ			Serial number of pass issued:											
Type of security clearance shown:		arance				Date secu	•	ty alid until:				DD/MM/YY				
Reference	e number o	n security	clearance	showi	1 :											

Section 3: Authorised Signatory's Declaration

To be signed by the Authorised Signatory ONLY after the application form has been completed.

I, the undersigned, confirm that the individual named in this application is a suitable person to be issued with an ID pass to gain access to the security restricted areas and airside areas of Edinburgh Airport and currently holds the relevant security clearance and/or I confirm that this person requires access to the security restricted areas in pursuit of a diplomatic or statutory function and has produced a valid identity document or warrant sufficient to identify themselves and to establish their authority to exercise that

otherwise reflects adverse I agree that when the ID p	best of my knowledge, there is nothing known about the persolly upon their suitability to hold an airport ID pass. ass is no longer required for the given purpose we shall immede ID Centre within 60 days.								
Authorised signature:	uthorised signature: Date								
Authorised Signatory	's Details								
Company name:									
Authorised Signatory's na	ame:								
Company address:									
Contact number:	Fax number:	:							
Contact email:									
Section 4: Applican	t's Declaration								
Please sign this application form below in the presence of the ID Centre staff. I confirm that the information contained in this application form is complete and accurate. I agree to abide by the terms and conditions of the issue of an ID pass and have been made fully aware of my responsibilities as an ID pass holder.									
Signed:	D	ate:	DD/MM/YY						