

**Applicant's Personal Identification**

**Please check the following box in which your application is to be considered :**

Restricted Area Identity Card (G.-A.)  Access Card (G.-A)  Restricted Area Identity Card Bagotville Wharf

Family Name : \_\_\_\_\_ Sexe:  Female

Given Name : \_\_\_\_\_  Male

Date of Birth (yyyy/mm/dd) : \_\_\_\_\_ Height (cm) : \_\_\_\_\_ Eye Colour : \_\_\_\_\_

Current Home Address : \_\_\_\_\_ Apt. : \_\_\_\_\_

(city, province and postal code) \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cellular Phone : \_\_\_\_\_ Other : \_\_\_\_\_

Email : \_\_\_\_\_

Driver's license Number : \_\_\_\_\_ (Please provide a photocopy of our driver's license)

**Professional Information (to be completed by the employer)**

Employer Name : \_\_\_\_\_

Email address: \_\_\_\_\_

Address : \_\_\_\_\_ Suite \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax : \_\_\_\_\_

Job Title : \_\_\_\_\_

Name of Authorized Employer Representative

Signature

**Acceptance of Terms and Conditions related to the Issuance of the Port Access Pass**

I, the undersigned, acknowledge receipt of the above-mentioned Saguenay Port Authority permit, and I undertake to abide by these following conditions:

- 1) I also agree to abide by and respect laws in force and all relevant legislation including Canadian Labour Code and Saguenay Port Authority (SAP) Policy, violation or failure to the SAP by-laws may entail the cancellation of the Access Pass without further notice.
- 2) I declare that I have read and understood the Policy of SAP and also the **Directive related to the Management for Violations to the Security and Safety Regulations.**
- 3) I understand that this Access Pass is to be used by myself only and while conducting business in the port.
- 4) My vehicle and its contents are subject to inspection at any time on port territory.
- 5) I will notify immediately SPA for any loss, theft, damage or destruction of the Access Pass. A fee of \$50 will be charged for replacement of the Access Pass.
- 6) I shall worn the Access Pass visibly at all times and be surrendered to a port security officer upon request.
- 7) I must return my Access Pass as soon as possible when I am no longer an employee of the company above-mentioned or that my employment no longer involves my presence at the APS facilities.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Applicant

dd/mm/yyyy

**\*\*Please note that a fee of \$50.00 cash is required for each access pass\*\***

**SAGUENAY PORT AUTHORITY ONLY**

Code Number : \_\_\_\_\_ Access Pass Number : \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Payment Received / note : \_\_\_\_\_ Request Authorized By : \_\_\_\_\_