

Please print clearly using a pen

NEW / RENEWAL / LOST / DAMAGED / DISCIPLINE / TRANSFER

Have you ever applied, or received a Port Pass? Yes <input type="checkbox"/> No <input type="checkbox"/>		Agency Control or File Number	
Have you ever been denied a port pass? Yes <input type="checkbox"/> No <input type="checkbox"/>		1	
Surname 2	Given Name and Initials 3	Date of Birth 4	Gender 5
		Year Month Day	M F
Residential address 6	City 7	Province 8	Postal Code 9
Mailing address if different from above 10	City 11	Province 12	Postal Code 13
Home Telephone 14	Cell Phone 15	E-mail Address 16	
( )	( )		
Height 17	Eye colour 18	Private password (for secondary verification purpose) 19	Fast Card # 20
Company Name 21			
Company Address 22	City 23	Province 24	Postal Code 25
Company Phone 26	Company Fax 27	Company E-mail 28	
( )	( )		
Applicants Employee or Personnel number 29	Contract Issuer's Name 30	Contract or PO Number 31	
Description of functional Duties and Responsibilities 32			

CONDITIONS OF ISSUE

**I hereby agree to comply with these Conditions of Issue and agree that my contravention thereof may result in my being reported to Regulatory and / or Law Enforcement authorities, escorted off Port lands, disciplined by the issuing user and/or my employer including having my access privileges suspended or revoked, and/or being prosecuted.**

- a) Use the FAP and/or key only during the performance of my assigned duties and be personally responsible for their safekeeping.
- b) Not transfer lend or borrow any FAP or key or facilitate access to port lands by a person who does not have a valid facility access or visitor permit in their possession.
- c) Do not deliberately alter damage, destroy, or reproduce a FAP or key.
- d) Immediately report the loss or misplacement of a FAP or key issued to me to both the security operations center and the issuing user.
- e) Display a FAP above my waist at all times while on duty at a Port Metro Vancouver Facility.
- f) Produce the FAP or key issued to me immediately upon demand by Port Metro Vancouver, Port Security, a law enforcement officer, employer or user representative.
- g) Surrender the FAP or key issued to me immediately upon demand by Port Metro Vancouver or when my employment ceases or when my access approval expires, has been revoked or suspended or upon demand by the issuing facility manager or access control officer.
- h) Notify the issuing user and/or access control officer immediately of changes to any and all of the information contained within or otherwise relevant to this application.
- i) Comply with all safety requirements while on Port Metro Vancouver land or property.
- i) The Issuing User Agency (as identified in line 35) undertakes not to communicate the personal information provided by you to third parties without your consent, with the exception of Port Metro Vancouver and to businesses and terminals in and around the port of Vancouver, solely for security clearances purposes, and except for the limited exclusion described below. The information collected may be disclosed without your consent if the recipient of the information is required by law to disclose, including a subpoena, warrant or court order, and compliance with applicable privacy laws such as the *Personal Information Protection and Electronic Documents Act*, and *Privacy Act*. You can change or remove the information at any time by contacting the Issuing User Agency and returning your issued FAP.

***By signing below you are acknowledging that you have read and understood the conditions of issue listed above.***

Applicants acknowledgement Signature (do not sign until instructed) 33	Date of Signature 34
	Year Month Day
Issuing User Agency Name 35	<input type="checkbox"/> Deferred <input type="checkbox"/> Denied 36
<b>British Columbia Trucking Association</b>	
Issuing access control Officers Signature 37	Date of ACO signature 38
	Year Month Day
Date of Issue 39	Special Access Privileges (controlled or Restricted Zones) 40
Year Month Day	

ISSUING OFFICE USE ONLY

Listing of Two Valid Pieces of Personal Identification Documents (one must be photographic) and expiry dates			
1			
2			
Card Number	Access Group	MTSC Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Issuing ACO Number		Last Card Number	Expiry Date
			Year Month Day

Office Use Only  
Card Number 1  
Card Number 2  
Card Number 3