

REQUEST FOR ACCESS CARD

- NOTE:**
- Please complete the online test www.asiconline.com.au
 - Please call 07 5589 1255 to make an appointment

SECTION 1: APPLICANT DETAILS

Employer:

Name:

Home Address:

Suburb: Post Code:

Email: Phone (M):

ASIC Number: ASIC Expiry Date:

Please attach copy to support application

SECTION 2: ENDORSEMENT BY EMPLOYER

I of
(Full Name) (Company)

Phone Number: Email:

Company Postal Address:
(For invoicing purposes)

Hereby certify that
(The applicants name)

- Requires an access card.
- I understand that the access card requested, once issued, becomes my responsibility and I am liable for the return of the access card on termination of the applicant’s employment or if the applicant no longer requires access.

Access Information: Please tick all areas and frequency of access and explain the reason that these areas will be accessed by the applicant

Areas	Daily	Weekly	Monthly	N/A	Reason for access requirement
Terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Airside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Aviation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Company Delegates Signature: Date:/...../.....

Company Delegates Name: Position:

SECTION 3: ACKNOWLEDGEMENT & UNDERTAKING BY THE APPLICANT

<ul style="list-style-type: none"> • I agree to abide by all Gold Coast Airport security conditions. • I also understand that this access card is ONLY valid for Gold Coast Airport and I must return the access card either to my employer or Gold Coast Airport when expired or no longer required. <p>Applicant Signature: Date:/...../.....</p>

SECTION 4: OFFICE USE ONLY

Type of Identification verified: Please attach copy to support application		
Photo Taken: YES / NO		Cost: \$50.00
User/Card Number: GC	Issue Date:/...../.....	Expiry Date:/...../.....