

APPLICATION FOR ACCESS CARD/FOB

Sunshine Coast Airport

Issue Type

- New Card
 New Fob
 Alter/Change Access level only
 Programmed ASIC
 Replacement Lost or Faulty
 Replacement Fob
 Fee Charged
-

Applicants Details

Name _____

Position _____

Contact Number _____ Email: _____

Employer _____

ASIC Number _____ Expiry Date _____

Aircraft Rego _____

Operational Need for Access Card _____

New Card Details

Access Card/Fob No _____ Access Level/s _____

Expiry Date _____ (same as ASIC expiry Date)

After Hours access approved Yes No

Produced By

Authorised Operations Personnel

Name _____ Signature _____ Date _____

Terms and Conditions over page

Terms and Conditions of Issue

1. The card /fob may only be issued in the course of the holder's approved duties at Sunshine Coast Airport only and does not constitute an authority to enter or remain in an area for any other purpose.
2. The Card/fob holder must not attempt to reproduce or replicate the card in any way. Heavy penalties may apply for misuse of cards.
3. Loss of the card/fob is to be reported immediately to the Airport Management Office (07 5453 1501)
4. The card/fob is not transferable to another person.
5. All cards/fobs must be surrendered on expiry or termination of prescribed duties to the Sunshine Coast Airport Management Office.
6. The card/fob is to be surrendered on request of the Sunshine Coast Airport Authorised Personnel.
7. The card/fob remains the property of the Sunshine Coast Airport at all times.

Receipt

I, acknowledge receipt of Card/Fob No _____, which is issued in accordance with the above Terms and Conditions of Issue, remains the property of the Sunshine Coast Airport and is on loan to me only whilst I am employed in my current capacity. I acknowledge and accept the Terms and Conditions of Issue and Use.

Signature _____

- Copy of ASIC
- A/C Rego
- Contact Details
- Exp date programmed

Date _____

Issuing Officer _____

Details of replaced or cancelled Card/Fob (if applicable)

Replaces card/fob number _____

Handed in Yes No Date _____

Receiving Officer

Name _____ Signature _____