Yellowknife
Airport | Aéroport

SECURITY PASS CONTROL OFFICE
YELLOWKNIFE AIRPORT

RESTRICTED AREA IDENTIFICATION CARD APPLICATION

PART A – RAIC APPLICANT

Surname	Given Name	Middle Initial	DOB (YYYY-MM-DD)

Home Address	City	Territory/Province	Postal Code

Height (CM)	Eye Colour	Hair Colour	Email Address	Phone Number

MY SIGNATURE ON THIS DOCUMENT INDICATES MY CONSENT TO THE COLLECTION, STORAGE AND DIGITAL ENCODING OF MY FINGERPRINTS, HEAD-AND-SHOULDER PHOTOGRAPHS, PHOTO IMAGES OF THE IRIS OF BOTH OF MY EYES AND THE PERSONAL DATA PROVIDED ON THIS APPLICATION FORM FOR THE PURPOSE OF CREATING A RESTRICTED AREA IDENTIFICATION CARD WHICH WILL BE USED TO VERIFY MY IDENTITY UPON ENTRY TO, AND WHILE IN, RESTRICTED AREAS OF THE YELLOWKNIFE AIRPORT.

SIGNATURE	DATE

YOU MUST PROVIDE VALID GOVERNMENT ISSUED ID AND RETURN ANY PREVIOUS PASSES

PART B - COMPANY SIGNING AUTHORITY

PASS TYPE	◯ RAIC	◯ AIRCREW	◯ TEMPORARY PASS		
REQUEST TYPE	◯ NEW	◯ REPRINT	◯ TRANSFER	◯ LOST/STOLEN	◯ OTHER
EMPLOYER	◯ SINGLE	◯ MULTI	◯ CHANGE	◯ ADD	◯ REMOVE
AVOP	◯ D/A	◯ D	◯ D/U		

I, THE UNDERSIGNED, CERTIFY THAT THE APPLICANT NAMED ABOVE HAS THE ONGOING NEED & RIGHT FOR THE REQUESTED RESTRICTED AREA IDENTIFICATION CARD AND LISTED ASSESTS. I WILL NOTIFY THE YELLOWKNIFE AIRPORT SECURITY PASS CONTROL OFFICE IMMEDIATELY UPON TERMINATION OF THE APPLICANTS EMPLOYMENT. AS A REQUESTING OFFICER FOR MY ORGANIZATION, I ACCEPT THE RESPONSIBILITY FOR THE RESTRICTED AREA IDENTITY CARD AND ASSESTS ISSUED. I GAURENTEE THAT THEY WILL BE RETURNED WHEN NO LONGER REQUIRED OR UPON EXPIRY. FURTHERMORE, ON BEHALF OF MY ORGANIZATION I COMMIT TO PAY ALL FEES LEVIED BY THE YELLOWKNIFE AIRPORT FOR FAILURE TO RETURN OR FOR THEIR MISUSE.

Employer 1		Employer 2	
Applicants Occupation		Applicants Occupation	
Company Name		Company Name	
Name of Requesting Officer		Name of Requesting Officer	
Signature	Date	Signature	Date

SIGNATURE IS VALID FOR 7 DAYS – FORMS WITHOUT A DATE WILL NOT BE ACCEPTED

Security Pass Control Office Use Only

Pass Type	Pass Expiry Date	Pass Number	Card #
Date Pass Produced	DCN Expiry Date	Identification Number	Confirmed
Pass Office Signature		Applicant Signature	