

**UNESCORTED ACCESS AIRPORT PASS DAILY DUPLICATE REQUEST FORM**  
**FLORENCE AIRPORT**

Space to be filled in by the Pass Office

Request date \_\_\_\_\_ Protocol no. \_\_\_\_\_ Pass Office staff: \_\_\_\_\_

The undersigned \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_\_

Company/Public Body \_\_\_\_\_

*aware of the criminal liability incurred for false statements pursuant to art. 76 of DPR no. 445 of 28 December 2000 and art. 495 of the Criminal Code:*

**DECLARES**

- ☐ that he/she has forgotten  
☐ lost and not yet replaced

his/her AP-TIA # \_\_\_\_\_ expiring \_\_\_\_\_

and has immediately informed his/her Employer;

**REQUESTS**

- ☐ 1 daily duplicate of the original AP *(during the opening times of the Pass Office)*  
☐ 1 unescorted visitor badge *(during the closing times of the Pass Office)*

valid from (h) \_\_\_\_\_ of (date) \_\_\_\_\_

to (h) \_\_\_\_\_ of (date) \_\_\_\_\_

A legible copy of a valid identity document is enclosed.

*It is hereby acknowledged that, pursuant to art. 13 of Legislative Decree 196/03, the personal data collected in this form will be exclusively used for the purposes associated with the activities of this Office and will not be used for any other purpose without the consent of the person/s concerned.*

Request date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

**DELIVERS**

- ☐ 1 daily duplicate of the original AP  
☐ 1 unescorted visitor badge

Delivered on (date) \_\_\_\_\_ at (h) \_\_\_\_\_

Pass Office signature *(for confirmation of delivery)* \_\_\_\_\_

AP holder's signature *(for reception)* \_\_\_\_\_