

## AIRPORT PASS REQUEST FORM

### FLORENCE AIRPORT

THIS SECTION IS TO BE FILLED BY THE PASS OFFICE	
<input type="checkbox"/> First issue <input type="checkbox"/> Renewal <input type="checkbox"/> Area extension	Space to be filled by the Pass Office  Application date _____  Protocol no. _____  Pass Office staff _____

The undersigned \_\_\_\_\_ Job title/qualification \_\_\_\_\_

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

*fully aware of the criminal liability incurred in case of misrepresentation or false statement pursuant to art. 76 of DPR no. 445 of 28 December 2000 and art. 495 of the Criminal Code:*

### ASKS FOR AN AIRPORT PASS

for Mr./Ms. \_\_\_\_\_ place and date of birth \_\_\_\_\_

residence (complete street address, city, state/country) \_\_\_\_\_

employed by the Company/Public Body \_\_\_\_\_

registered office address \_\_\_\_\_

tel. \_\_\_\_\_ who already owns an Airport Pass issued by the \_\_\_\_\_ airport

Pass no. \_\_\_\_\_ Exp. on \_\_\_\_\_

for the following reason (Ref. 1.2.1.1.1 NSP [PNS]): \_\_\_\_\_

for the period from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

to access the following areas (select the areas in the table below):

Table	Access Area	
Red	All areas	
Green	Flight side outdoor and indoor	
Blue	Flight side – indoor	
Yellow	Non-sterile areas	
Orange	Diplomats	

Table	Access Area	
1	All areas	
2	Indoor areas, except for Area 3	
3	Baggage handling areas	
4	Cargo areas	
5	Aircraft and vicinity	
6	Aprons	
7	Manoeuvring areas	

*The Airport Pass is requested for the period for which it is strictly necessary for the person to operate in the airport and until the conclusion of the service to be provided. This period is shorter or equal to the duration of the employment contract in force between the applicant entity and the personnel or between the applicant entity and the employer of the persons concerned.*

*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 and stamp \_\_\_\_\_

**AUTHORIZATION  
BORDER POLICE**

Stamp, signature and date

### ADDITIONAL AUTHORIZATIONS

Request for introduction of prohibited items:

Yes

NO

*CATEGORY (Ref. App. 1-A Reg. 1998/2015)*

A

B

C

D

Driving permit for internal airport areas (ADC)

Yes

NO

Radiotelephony qualification (RTL)

Yes

NO

### ANNEXES

- ✓ Copy of a valid and legible document, with the face of the person clearly visible, if EU citizen.
- ✓ Copy of a valid (legible) passport and residence permit, if non-EU citizen.
- ✓ Copy of a valid airport security training certification (Cat. A1, A4, A5, A11, A12 or A12bis, A13) if an Airport Pass with a red, green or blue band is requested.
- ✓ Copy of a valid airport security training certification (Cat. A1, A4, A5, A11, A12 or A12bis, A13, A14) if an Airport Pass with a yellow band is requested.
- ✓ Declaration for the issuing of an Airport Pass for the personnel of contractors operating in the airport (Ann. 2)
- ✓ Self-certification for the applicant (Ann. 3)
- ✓ Copy of the payment receipt

### VALIDATION OF THE REQUEST

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

employee of the company \_\_\_\_\_

validates this Airport Pass request on \_\_\_\_\_

for the indicated areas and activities.

Validation date \_\_\_\_\_ Signature \_\_\_\_\_

### INVOICING DETAILS

**Issue invoice to:**

Company name (*name and surname for natural persons*)

\_\_\_\_\_

Registered address of the company (*personal residence for natural persons*)  
(street, number, city, state)

\_\_\_\_\_

Taxpayer's Code (*mandatory for companies as well*) \_\_\_\_\_

VAT number \_\_\_\_\_

**If the Airport Pass is not collected within 30 days after the date of this request, the total cost of the procedure to issue the pass will be debited to the applicant.**