

## ESCORTED VISITOR PASS REQUEST FORM

### FLORENCE AIRPORT

*Space to be filled in by the Pass Office*

Application submission date \_\_\_\_\_ Protocol no. \_\_\_\_\_

Pass Office staff: \_\_\_\_\_

The undersigned \_\_\_\_\_ employee of \_\_\_\_\_

job title/qualification \_\_\_\_\_ owner of Pass no. \_\_\_\_\_ expiring on \_\_\_\_\_

*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 THIS PASS OFFICE TO ISSUE AN ESCORTED VISITOR PASS

<input type="checkbox"/> <b>PAID</b>	<b>EXEMPT FROM PAYMENT</b>	<input type="checkbox"/> <b>TA EMPLOYEE</b> <input type="checkbox"/> <b>TA AUTH. VISITOR</b> _____ <input type="checkbox"/> <b>PUBLIC BODY</b>
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for access to the airport restricted areas by the persons listed below of the Company / Public Body:

with registered address in \_\_\_\_\_

1) Name and surname \_\_\_\_\_ 2) Name and surname \_\_\_\_\_

3) Name and surname \_\_\_\_\_ 4) Name and surname \_\_\_\_\_

5) Name and surname \_\_\_\_\_

for the following urgent reason/s \_\_\_\_\_

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

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

1	All areas	
2	Internal areas	
3	Baggage handling areas	
4	Cargo areas	
5	Aircraft and vicinity	
6	Aprons	
7	Manoeuvring area	

escorted by \_\_\_\_\_ of the organization \_\_\_\_\_ holder of Pass no. \_\_\_\_\_ expiring on \_\_\_\_\_

The person that will escort the visitor agrees to perform this service according to the terms and conditions expressly indicated in point 1.2.7.3 and the following, of Regulation (EC) 1998/2015 and NSP Part A, namely:

- have constant direct visual control of the escorted visitor/s;
- ensure with reasonable certainty that the visitors do not engage in behaviour that violate security practices;
- collect the visitor's pass when the service has been completed and return it to the Pass Office/STL/OTL

and accepts to be liable for the introduction of the following prohibited items by the escorted persons (Ref. Appendix 1-A of Reg. EC 1998/2015):

Request for introduction of prohibited items:

☐ **YES**

☐ **NO**

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

☐ **A**

☐ **B**

☐ **C**

☐ **D**

*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.*

Application date \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Escorting person's signature \_\_\_\_\_

After examining the request on \_\_\_\_\_ the Escorted Visitor Pass is issued.

Signature of Pass Office/TLS/TLO staff \_\_\_\_\_

## 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.

## AIRPORT OPERATOR'S ESCORT SERVICE RATES

- ✓ Escort Service provided from h 07:00 to 22:00: € 35 + VAT per hour (or fraction thereof)
- ✓ Escort Service provided from h 22:00 to h 07:00: € 40 + VAT per hour (or fraction thereof)

## 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