

Have you ever applied, or received a Port Pass? Yes <input type="checkbox"/> No <input type="checkbox"/>		Agency Control or File Number	
Have you ever been denied a port pass? Yes <input type="checkbox"/> No <input type="checkbox"/>		1	
Surname 2		Given Name and Initials 3	
		Date of Birth 4	
		Gender M F 5	
		Year Month Day	
Residential address 6		City 7	
		Province 8	
		Postal Code 9	
Mailing address if different from above 10		City 11	
		Province 12	
		Postal Code 13	
Home Telephone () 14		Cell Phone () 15	
		E-mail Address 16	
Height 17		Eye colour 18	
		Private password (for secondary verification purpose) 19	
		Fast Card # 20	
Company Name 21			
Company Address 22		City 23	
		Province 24	
		Postal Code 25	
Company Phone () 26		Company Fax () 27	
		Company E-mail 28	
Applicants Employee or Personnel number 29		Contract Issuer's Name 30	
		Contract or PO Number 31	
Description of functional Duties and Responsibilities 32			

CONDITIONS OF ISSUE

I hereby agree to comply with these Conditions of Issue and agree that my contravention thereof may result in my being reported to Regulatory and / or Law Enforcement authorities, escorted off Port lands, disciplined by the issuing user and/or my employer including having my access privileges suspended or revoked, and/or being prosecuted.

- Use the FAP and/or key only during the performance of my assigned duties and be personally responsible for their safekeeping.
- Not transfer lend or borrow any FAP or key or facilitate access to port lands by a person who does not have a valid facility access or visitor permit in their possession.
- Do not deliberately alter damage, destroy, or reproduce a FAP or key.
- Immediately report the loss or misplacement of a FAP or key issued to me to both the security operations center and the issuing user.
- Display a FAP above my waist at all times while on duty at a Port Metro Vancouver Facility.
- Produce the FAP or key issued to me immediately upon demand by Port Metro Vancouver, Port Security, a law enforcement officer, employer or user representative.
- Surrender the FAP or key issued to me immediately upon demand by Port Metro Vancouver or when my employment ceases or when my access approval expires, has been revoked or suspended or upon demand by the issuing facility manager or access control officer.
- Notify the issuing user and/or access control officer immediately of changes to any and all of the information contained within or otherwise relevant to this application.
- Comply with all safety requirements while on Port Metro Vancouver land or property.
- The Issuing User Agency (as identified in line 35) undertakes not to communicate the personal information provided by you to third parties without your consent, with the exception of Port Metro Vancouver and to businesses and terminals in and around the port of Vancouver, solely for security clearances purposes, and except for the limited exclusion described below. The information collected may be disclosed without your consent if the recipient of the information is required by law to disclose, including a subpoena, warrant or court order, and compliance with applicable privacy laws such as the *Personal Information Protection and Electronic Documents Act*, and *Privacy Act*. You can change or remove the information at any time by contacting the Issuing User Agency and returning your issued FAP.

By signing below you are acknowledging that you have read and understood the conditions of issue listed above.

Applicants acknowledgement Signature (do not sign until instructed) 33		Date of Signature 34	
		Year Month Day	
Issuing User Agency Name 35		<input type="checkbox"/> Deferred <input type="checkbox"/> Denied 36	
Issuing access control Officers Signature 37		Date of ACO signature 38	
		Year Month Day	
Date of Issue 39		Special Access Privileges (controlled or Restricted Zones) 40	
Year Month Day			

ISSUING OFFICE USE ONLY

Listing of Two Valid Pieces of Personal Identification Documents (one must be photographic) and expiry dates			
1			
2			
Card Number	Access Group	MTSC Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Issuing ACO Number		Last Card Number	Expiry Date
			Year Month Day