Pass Number	
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## CIVIL AVIATION ACT [CHAPTER 13:16] APPLICATION FOR A VEHICLE PASS

2. Address of owner of vehicle (Physical):	
(E-mail):	
Telephone numbers (Fixed line):	
(Cell/mobile):	
3. Full names, identity number and driving licence	number of driver of vehicle:
4. Address of driver of vehicle (Physical):	
(Postal):	
5. Date and place of issue of vehicle registration be	ook:
6. Vehicle registration number:	
7. State aerodrome area of operation being applied	for
(State whether; cargo/apron/hanger/etc):	
8. State reasons why vehicle requires access to area	of operation being applied:
9. State whether this application is for a permanent, to	emporary, or duplicate vehicle pass:
I, the undersigned hereby declare that all the inform	nation contained herein is correct and true.
 Date	Signature

<b>Please note:</b> (a) The appropriate fee, if payable, must accompany this appropriate fee.	pplication.
(b) Application for a Vehicle Pass:	\$30, 00.
(c) Application for a Duplicate Vehicle Pass:	\$50, 00.
FOR OFFICIAL USE ONLY	
Airside Safety Comment (where necessary):	
Date	Signature
This application is approved/not approved*	
Date	For: Director-General
Fee paid/not paid (Receipt number):	
Amount Paid:	
Aerodrome(s):	
Restricted Areas:	
Vehicle Pass Number:	
Date of Issue:	
Date of expiry:	
Issuing officer's full name and designation	