

Pass Number.....

Form A.S.4

**CIVIL AVIATION ACT [CHAPTER 13:16]
APPLICATION FOR A VEHICLE PASS**

1. Name of owner of vehicle:

2. Address of owner of vehicle (Physical):

.....

(Postal):

(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 book:

.....

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, temporary, or duplicate vehicle pass:

.....

I, the undersigned hereby declare that all the information contained herein is correct and true.

.....

Date

.....

Signature

