

RAIC Issue Application Form

Part 1 Applicant	Part 2 Employer Information
Surname: _____ Give Name: _____ Date Of Birth (YYYY-MM-DD): _____ Height CM: _____ Weight KG: _____ Hair Colour: _____ Eye Colour: _____ Address: _____ City: _____ Province/State: _____ Phone: _____	Employer Name: _____ Address: _____ Phone Number: _____ Employer Name: _____ Address: _____ Phone Number: _____ <div style="background-color: yellow; padding: 5px; text-align: center;"> Applicant was informed that the Temp RAIC/RAIC pass MUST be returned when employment ends </div> <p style="text-align: center; font-weight: bold;">YES / NO</p>

Pass Office Only Section			
Temp RAIC Number:	Issue Date:	Return Date:	Card Colour:
RIN Number :	DCN Expiry:	RAIC Expiry:	Card Colour:
PROX Number: NT PROX Number: Access Groups Name:	DGSEP File #:	Reference #:	
	Issue Date:	Expiry Date:	
Security Awareness :			RCMP Clearance: Y <input type="checkbox"/> N <input type="checkbox"/>
Disability Awareness:			
SMS Certificate:			
Photo ID :			ID#:
AVOP :			D D/A D/R
Pass Office Coordinator:	Issue Date:		

I the undersigned certify that the application named herein has a requirement for the described Restricted Area Identification Card. I further agree that I will notify the issuing authority IMMEDIATELY upon termination of the RAIC holder's pass not being returned to the issuing authority for any reason. Our company/department will be subject to an administration fee set by the issuing authority of \$100.00 (ONE HUNDRED DOLLARS) and is NON REFUNDABLE. I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS SET OUT ABOVE.

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____



RAIC Issue Application Form

As a holder of a TEMP RAIC/RAIC (Restricted Area Identification Card), I understand, agree to, and will abide by the following terms of issue:

- (a) That the Temp RAIC/RAIC issued to me is the property of the Fort McMurray Airport Authority
(b) That I will safeguard the Temp RAIC/RAIC at all times and report the loss, theft or permanent damage of the Temp RAIC/RAIC without delay to the issuing authority
(c) That I will not permit unauthorized use of the RAIC nor will I enter or remain in a Restricted or Sterile area other than in the course of my employment. Sterile area now includes bridge heads.
(d) That I will not access restricted area from the bridge. I understand that failure to comply will result in suspension of the Temp RAIC and cancellation of the Transport Canada RAIC application.
(e) That I will wear/display the Temp RAIC/RAIC at all times when I am in a Restricted and or Sterile area
(f) That I will not knowingly and willingly assist a person not in possession of a valid Temp RAIC/RAIC to gain entrance into a Restricted or Sterile area
(g) That I will surrender the Temp RAIC/RAIC on termination of employment or on demand of the issuing authority or a member of the Airport Security Staff
(h) That I will not knowingly and willingly wear/display a Temp RAIC/RAIC when it is expired
(i) That I will complete all training courses, as required by the Airport Authority, with in a time specified.

PIPEDA CONSENT

THE INFORMATION COLLECTED IN THIS APPLICATION IS REQUIRED TO ADMINISTER THE RESTRICTED AREA IDENTIFICATION CARD PROGRAM AT THE FORT MCMURRAY INTERNATIONAL AIRPORT

I UNDERSTAND THAT A REFUSAL TO DISCLOSE THIS INFORMATION WILL RESULT IN THE DISQUALIFICATION OF MY APPLICATION FOR A RESTRICTED AREA IDENTIFICATION CARD

I CERTIFY THAT:

- A. I HAVE RECEIVED THE AIRPORT RESTRICTED AREA IDENTIFICATION CARD (RAIC)
B. I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE TERMS OF ISSUE STATED ABOVE
C. I HEREBY CONSENT TO THE COLLECTION, USE, RETENTION, DISCLOSED/DESTRUCTION (AS EXPLAINED) TO THE PERSONAL INFORMATION GIVEN IN THIS APPLICATION

TEMP RAIC CARD

Name: _____ SIGNATURE: _____

DATE (YYYY-MM-DD): _____

RAIC CARD

Name: _____ SIGNATURE: _____

DATE (YYYY-MM-DD): _____

REPLACEMENT CARD 1

Name: _____ SIGNATURE: _____

DATE (YYYY-MM-DD): _____