	FIJI PORTS CORPORATION PTE LIMITED
	PORT SECURITY DEPARTMENT
	SECURITY POLICIES AND PROCEDURES MANUAL
DOCUMENT TITLE:	**PORT USER ID CARD APPLICATION FORM**

Completed ID application forms to be submitted together with the applicant's credentials to the FPCL Head Office P.O Box 780, Suva, between 0800 and 1700 hours (Monday to Friday) except Public Holidays.	New Applicant Photo

SECTION A1: *(To be completed by local applicants)*

Applicants Full Name:

Job Description:

Nationality:
(Non-Fiji Citizens attach copy of Passport)

Gender:　　Male: ☐　　　Female: ☐　　　　　Date of Birth: _ _ /_ _/_ _
　　　　　　　　　　　　　　　　　　　　　　　　　　　　d d/ m m/ y y

Residential Phone No:　　　　　　　　　　Mobile Phone No:

Name of Sponsor:

Will you be required to undertake any of the following types of operations in the restricted areas of the Port? (Please tick if yes)

　　☐ Yes　　☐ No

Stevedoring: ☐　　　　Lashing/Unlashing: ☐　　　　Cargo Delivering/Receiving: ☐

Are you suffering from any major illness, mental or physical impairment?　　☐ Yes　☐ No

If yes, please include information that could enable us to assist you with your impairment in using the Port areas.

SECTION A2: *(To be completed by the foreign applicants)*

Applicants Full Name:

Job Description:

Sailor:　　　　**Vessel Name:**　　　　**Call Sign:**　　　　**Port of Registry:**

Nationality:

Gender:　　Male: ☐　　　Female: ☐　　　　　Date of Birth: _ _ /_ _/_ _
　　　　　　　　　　　　　　　　　　　　　　　　　　　　d d/ m m/ y y

Phone Contact:

For Non-Fiji Citizens:
Copy of Passport attached:　　　　　　　　Copy of work permit attached:

DECLARATION, UNDERTAKING AND ACKNOWLEDGMENT

1. I hereby declare that the following information given by me under either Section A1 or Section A2 are true in all respects and I agree to notify FPCL of any changes to the information provided above.
2. I will follow the terms and conditions of the Port User License and abide by the safety standards set by FPCL.
3. I understand that FPCL has provided sufficient safety standards and will not accept liability for any damage, accidents or loss incurred due to my own negligence.
4. I must return the Port User ID Card when requested by FPCL.

………………………………　　　　　　　　　　　　　Date: _ _ /_ _/_ _
Signature of Applicant　　　　　　　　　　　　　　　　d d/ m m/ y y

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SECTION B: PORT USER LICENSE HOLDER

Name of Company:

Port User License No.:

(A) **I/WE hereby declare that:**
   (i) The applicant is my/our employee and his/her duties require him/her to access the Port
       areas.
   (ii) The particulars given by me/us in Section B are true in all respects.

(B) **I/WE also undertake the following:**
   (i) To notify the FPCL of any changes of particulars of the applicant.
   (ii) To ensure that the Port User Pass is returned to FPCL if the applicant is no longer employed or if the
        Pass ceases to be valid under the terms and conditions of Issue of the Pass.
   (iii) To bring to the attention of the applicant the Safety Rules and Standards in force from time to time and to
         ensure that the applicant adheres to such Rules and Standards.

Name of authorized person Signing:

Designation: Mobile Phone No:

Signature of Employer: _____   Date: _ _ /_ _/_ _
                                                                    d d/ m m/ y y

NB: Only management staff/authorized personnel of employer are to endorse this form. In the case of the authorized personnel, a letter of authorization must be produced. For Government/Statutory Bodies, the Head of Division/Department is to endorse the form.

For Foreign Workers   For Local Workers

Place Common Seal Here		Place Common Seal Here

To which port do you seek entry?

☐ Suva   ☐ Lautoka   ☐ Levuka   ☐ Malau   ☐ Mua-I-Walu 1   ☐ Mua-I-Walu 2

State the purpose of this applicant to enter Port premises:

SECTION C: **FOR OFFICIAL USE ONLY**

Areas Allowed:

☐ Suva   ☐ Lautoka   ☐ Levuka   ☐ Malau   ☐ Mua-I-Walu 1   ☐ Mua-I-Walu 2

Approved By: _____   Date: _ _ /_ _/_ _
                                                                    d d/ m m/ y y