FACILITY ACCESS PERMIT (FAP) APPLICATION

Have you ever received a Port Pass? Yes ❑ No ❑ Have you ever been denied a Port Pass? Yes ❑ No ❑

☐ New FAP ☐ Replace (Lost) ☐ Renewal

Applicant Information (please print clearly)

Surname 1.	Given Name & Initials 2.	Date of Birth 3. Y M D	Gender 4. M F
Residential Address 5.	City 6.	Province 7.	Postal Code 8.
Mailing Address if different from above 9.	City 10.	Province 11.	Postal Code 12.

Home Telephone 13. ( )	Cell Phone 14. ( )	Email Address (for advanced notification of pass expiry) 15.
Height 16.	Eye Colour 17.	**Create** a Private Password (for secondary verification purposes) 18.

Company Information

Company Name 20.			
Company Address 21.	City 22.	Province 23.	Postal Code 24.
Company Phone 25. ( )	Company Fax 26. ( )	Company Email 27.	
Sponsor's Company Name 29.	Job Title 31.		

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.

a) Use the FAP and/or key only during the performance of my assigned duties and be personally responsible for their safekeeping.
b) 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.
c) Do not deliberately alter, damage, destroy or reproduce a FAP or key.
d) Immediately report the loss or misplacement of a FAP or key issued to me to both the security operations centre and the issuing user.
e) Display a FAP above my waist at all times while on duty at a Port Metro Vancouver Facility.
f) 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.
g) 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immediately upon demand by Port Metro Vancouver, or when my employment ceases or when my access approval expires, has been revoked or suspended or upon demand by the Issuing Facility Manager or Access Control Officer.
h) 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.
i) Comply with all safety requirements while on Port Metro Vancouver land or property.
j) The Issuing User Agency (as identified in line 34) 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 FAP.

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

Issuing Office Use Only (DO NOT SIGN UNTIL REQUESTED)

Applicants Acknowledgement Signature (Must sign in presence of Access Control Officer) 32.			Date 33. Y M D
Issuing User Agency Name **Chamber of Shipping of BC** 34.	Approved 35.	Deferred 36.	Denied 37.
Issuing Access Control Officer's Signature 38.			Date 39. Y M D
Date of Issue Y M D	Special Access Privileges (Controlled or Restricted Zones) 41.		
Listing of Two, Valid Pieces of Personal Identification Documents (one must be photographic) and Expiry Dates 1. 2.			
Card Number	Access Group	TC Clearance Number	Date Y M D
Issuing ACO Number	Mechanical Key Control Number	Last Card Number	Expiry Date Y M D

❑ N/M ❑ M ❑ Cash ❑ Chq ❑ Vs ❑ Mc ❑ Int ❑ Inv ❑ Prepaid

CHAMBER of SHIPPING

Lost or Stolen Port Pass Report

Pass was (indicate one): Lost Stolen	Date and approximate time pass was lost or stolen:	
Did you previously notify issuing agency or other that the pass was lost or stolen? Yes No	If yes, please indicate which agency and to whom	
If pass was stolen, has it been reported to any police agency? Yes No	If yes, please indicated which police agency and include a file number	
If stolen, from where? (car/house etc)	Were there any other items taken? If yes, indicate:	
If pass was lost, how many previous passes have you been issued?	Do you remember the last place and time you used the pass? If yes, indicate:	
Approximately how many times per week to you access the port or terminals?	Per Month?	Per Year?
Is there any other info you think we should know? If yes, indicate:		
I acknowledge that the above information is correct to the best of my knowledge: Signature _____ Date: _____		
Office Use Only: Information confirmed by: _____ Date: _____ ACO Number (if applicable) _____		