

GROUND SERVICES PERSONNEL WORK PERMIT

I. APPLICANT INFORMATION: <i>(to be completed by employee)</i>				
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Privilege(s) <input type="checkbox"/> Replacement, Reason: _____ <input type="checkbox"/> Previous Work Permit No. _____	Blood Type	PHOTO 3 x 3 cm White background with no head cover		
A. Name (First, Middle, Last):	B. Saudi ID/Iqama No.:			C. Passport No.:
D. Date of Birth:	E. Place of Birth:			F. Country of Citizenship:
G. Employee's Address: Street: _____ City: _____ State/Province: _____ Country: _____ Postal Code: _____ Phone #: _____ Mobile: _____ E-mail: _____				
			I read, speak & write Arabic: <input type="checkbox"/> Yes <input type="checkbox"/> No I read, speak & write English: <input type="checkbox"/> Yes <input type="checkbox"/> No Employee's signature: _____	
II. PRIVILEGE(S): <i>(to be completed by the company)</i>				
A. Level within organization: <input type="checkbox"/> Labor <input type="checkbox"/> Trainee <input type="checkbox"/> Agent <input type="checkbox"/> Supervisor <input type="checkbox"/> Duty Manager				
B. Aerodrome where employed (three-letter AIA aerodrome code):				
C. Job Functions: <input type="checkbox"/> Ground support equipment operator Specify GSE category: <input type="checkbox"/> Push-back tractor <input type="checkbox"/> Pax/Crew bus <input type="checkbox"/> Waste/Water truck <input type="checkbox"/> De/Anti-icing <input type="checkbox"/> High-loader <input type="checkbox"/> Pax steps <input type="checkbox"/> Baggage tractor <input type="checkbox"/> Fuel hydrant/bowser <input type="checkbox"/> Cargo loader <input type="checkbox"/> Conveyor belt <input type="checkbox"/> ASU/GPU/ACU <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> ULD transporter <input type="checkbox"/> Catering vehicle <input type="checkbox"/> PRM vehicle _____ <input type="checkbox"/> Aircraft Marshalling <input type="checkbox"/> Ramp supervision/turnaround coordination <input type="checkbox"/> Into plane catering <input type="checkbox"/> Dangerous Good handling <input type="checkbox"/> Headset operation <input type="checkbox"/> Aircraft cleaning <input type="checkbox"/> Load control <input type="checkbox"/> Cargo handling (including cargo facilities) <input type="checkbox"/> Baggage handling/BRS <input type="checkbox"/> Loading supervision <input type="checkbox"/> Aircraft fuelling operation <input type="checkbox"/> Pax boarding bridge operation <input type="checkbox"/> Pax handling/customer services <input type="checkbox"/> Private security services (guarding/profiling)				
III. COMPANY INFORMATION:				
A. Company Name:		E. Name of Focal Point:		
B. Name of Accountable Executive:				
C. Company HQ Address: Street: _____ City: _____ State/Province: _____ Postal Code: _____ Phone #: _____ E-mail of Focal point: _____		F. Title/Position within organization:		
		G. Phone #		
		H. Date:		
D. Company Stamp:		I. Signature:		
<i>I hereby certify the information on this application form is complete and accurate</i>				

GROUND SERVICES PERSONNEL WORK PERMIT INTERNAL REVIEW

(To be Completed by GACA)

I. REVIEW INFORMATION		
A. Name of Inspector / Reviewer:	B. GACA ID No.:	C. Date of Review:
<p>D. Checklist:</p> <p><input type="checkbox"/> Applicant employed by certificated organization.</p> <p><input type="checkbox"/> Applicant employed by subcontracted organization; If Yes: <input type="checkbox"/> Application submitted by certificated organization. <input type="checkbox"/> Application NOT submitted by certificated organization.</p> <p><input type="checkbox"/> Job function training certificates attached.</p> <p><input type="checkbox"/> Security awareness training certificates attached.</p> <p><input type="checkbox"/> Health & Safety training certificates attached.</p> <p><input type="checkbox"/> Dangerous Goods training attached, <input type="checkbox"/> Not required</p> <p><input type="checkbox"/> Statement by the certificated organization that applicant has received all applicable training according to GACAR § 68.7 and has successfully completed an operational assessment by the certificated organization.</p> <p><input type="checkbox"/> Applicant can read, speak & write in Arabic.</p> <p><input type="checkbox"/> Applicant can read, speak & write in English; If Headset operator: <input type="checkbox"/> acceptable proof is attached.</p> <p><input type="checkbox"/> Copy of Saudi ID/Iqama attached.</p> <p><input type="checkbox"/> Copy of Saudi Passport attached.</p> <p><input type="checkbox"/> Fee paid as per the IR of the Civil Aviation Tariff Act.</p>		
II. ACCEPTANCE		
<p>A. Issue Work Permit:</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO; If No, explain reasons:</p>		
<p>B. Signature of Inspector / Reviewer</p>		