

Application for Restricted Area Identity Card



PLEASE COMPLETE ONLINE AND PRINT, DO NOT FOLD WHEN COMPLETED – PHOTOCOPY/SCAN COPY OF THIS APPLICATION ARE NOT ACCEPTABLE

Part 1—Employee Information (to be completed by employee)

Surname	Given Names	Gender Male Female	Date of Birth (DD-MMM-YYYY)
Home Address		City	
Province / State	Postal Code / Zip Code	Country	
Primary Number e.g. (419) 234-5678		Email Address	
<u>Height</u> cm	<u>Weight</u> kg	Hair Colour	Eye Colour
		Complexion	

Part 2—Employment Information (to be completed by employer)

Employer	Department	Employee Occupation	
Restricted Area Identity Card			
Type of Pass Requested	Other	Keycard Access Requested	Other

Signing Authority Authorization:

AS AN AUTHORIZED SIGNING AUTHORITY, I CERTIFY THAT THE EMPLOYEE NAMED ABOVE: A) IS REQUIRED TO ACCESS THE AIRPORT RESTRICTED AREA IN THE PERFORMANCE OF THEIR WORK-RELATED DUTIES, B) HAS SUCCESSFULLY COMPLETED THE TORONTO PEARSON AIRPORT SECURITY AWARENESS TRAINING SESSION, AND C) HAS BEEN ADVISED TO PRESENT ALL ORIGINAL AND PERSONAL DOCUMENTATION FOR THE COMPLETION OF THIS APPLICATION, INCLUDING A VALID CANADIAN CRIMINAL RECORD CHECK (CCRC) AS APPLICABLE.

Signing Authority Name	Date (DD-MMM-YYYY)	Signature of Signing Authority
Signing Authority Job Title		
Signing Authority Email Address		Signing Authority Telephone

Part 3—Consent and Receipt of RAIC (to be completed by Pass Permit Control Office)

I CERTIFY THAT: A) I CONSENT TO THE GTAA (1) COLLECTING THE PERSONAL INFORMATION DESCRIBED ABOVE IN ADDITION TO BIOMETRIC IMAGES OF MY IRIS AND FINGERPRINTS AND (2) USING SUCH INFORMATION TO ISSUE ME A RESTRICTED AREA IDENTITY CARD (RAIC) AND ADMINISTER THE SECURITY PROGRAM AT THE AIRPORT, AND (3) DISCLOSURE TO THE CANADIAN AIR TRANSPORT SECURITY AUTHORITY THE BIOMETRIC TEMPLATES STORED ON MY RAIC AND: (4) I CONSENT TO THE RETENTION BY THE GTAA OF THIS INFORMATION FOR SIX (6) YEARS FOLLOWING THE CONCLUSION OF MY EMPLOYMENT.

B) THIS INFORMATION ABOVE IS CORRECT C) I HAVE RECEIVED THIS RAIC DESCRIBED BELOW

Signature	Date (DD-MMM-YYYY)	Pass Type	Pass No.	RIN
Witness	Date (DD-MMM-YYYY)	K/C No.	PIN	Expiry Date (DD-MMM-YYYY)
		File No.		Reference No.
		Confirmed by		Expiry Date (DD-MMM-YYYY)
		Other Information		