

PART E: REMARKS AND RECOMMENDATION OF EMPLOYER'S AUTHORISED OFFICER

Certified that Mr./Mrs. _____ is an employee of _____ and all information given by his/her are true. His/her character and antecedent has been verified by police and there is nothing adverse against him/her in the records. The applicant is required to enter the RESTRICTED AREA of _____ Airport on a regular / assignment basis to perform his/her official duties and as such may be issued with a permanent/ temporary airport security pass for the following area/areas. His/her airport security pass will be returned to the issuing authority as and when his/her present assignment is changed.

- BLUE** Customs and immigration areas of international arrivals.
- RED** International Departure, Immigration area, Transit Lounge Area, Boarding Bridge Corridor.
- GREEN** Operation Building, Power House Area, Radio Station
- GREEN** Power house
- YELLOW** Main apron, Runway, Taxiway, Fire Station, cargo (E & I), hanger, Padma oil area, General aviation. Radar.
- YELLOW** Apron Cargo (E & I) Hanger Padma oil area General aviation RADAR
- BLACK** Concourse hall & office situated in the terminal building Domestic terminal

Other remarks and recommendation:

Name, signature, designation & official seal of the employer's authorized officer.

PART F: REMARKS OF THE APPROVING AUTHORITY

1. Application is approved for issue of permanent/ temporary airport security pass covering **BLUE, RED, YELLOW, GREEN, BLACK**, and/or _____ Area/s.
2. Security Pass to be valid for _____ Days/Months/Year(s) or Up to ___/___/___
3. Application is Approved/ Not Approved.

Verified by
Date: ___/___/___

Name, Signature, Designation & Official Seal of the Approving Authority.
Date: ___/___/___

PART G: REMARKS OF THE ISSUING AUTHORITY

CAAB Airport security pass bearing No. _____ is issued to Mr. / Mrs. _____ and is handed over to him/her. The security pass is valid for **BLUE, RED, YELLOW, GREEN, BLACK**, and/or _____ Area/ areas. The pass is issued on ___/___/___/ and expire on ___/___/___/ Necessary entries have been made in column No. _____ page No. _____ in Register No. _____. The applicant has also been informed to present the pass for checking as per following dates.

Name & Signature of the applicant
Date ___/___/___

Name, Signature, Designation & Official Seal of the Issuing Authority.
Date: ___/___/___

*This form should be typed. Mark (x) in the appropriate box.
Date format: dd/mm/yyyy*