



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				