

Application for Restricted Areas Identification Card and Access Pass

PLEASE COMPLETE ONLINE AND PRINT – PHOTOCOPY OR SCAN 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	Postal Code	Country	Primary Number e.g. (416)-555-1234
Email Address		Height (cm)	Eye Colour
Part 2 – Employment Information (to be completed by the employer)			
Employer	Department	Employee Occupation	
Type of pass requested			
RAIC Aircrew Airside Terminal Canada	Access Pass (check all that apply) Ferry Tunnel Other (specify)		
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 BILLY BISHOP SECURITY AWARENESS TRAINING SESSION, C) HAS BEEN ADVISED TO PRESENT ALL ORIGINAL AND PERSONAL DOCUMENTATION FOR THE COMPLETION OF THIS APPLICATION.			
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/ACCESS CARD (to be completed by Pass Control Office)			
I CERTIFY THAT: A) I CONSENT TO PORTSTORONTO (1) COLLECTING THE PERSONAL INFORMATION DESCRIBED ABOVE IN ADDITION TO BIOMETRIC IMAGES OF MY IRIS AND MY FINGERPRINTS AND (2) USING SUCH INFORMATION TO ISSUE ME A RAIC OR ACCESS PASS 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) RETAINING AND DESTRUCTION OF INFORMATION ONE YEAR AFTER THE RETURN OF ALL SECURITY ITEMS. B) THE INFORMATION IN THIS APPLICATION IS CORRECT C) I HAVE RECEIVED THE RAIC OR ACCESS PASS DESCRIBED BELOW.			
Applicant Signature	Date (DD-MMM-YYYY)	Pass Type	RIN
PCO Signature	Date (DD-MMM-YYYY)	Pass Expiry Date (DD-MMM-YYYY)	
Transportation Security Clearance			
DCN No.		Expiry Date (DD-MMM-YYYY)	
RAIC/Access Pass Cancellation			
CATSA Deactivation (DD-MMM-YYYY)	ProWatch Deactivation (DD-MMM-YYYY)	Aurora Deactivation (DD-MMM-YYYY)	
Card Returned (DD-MMM-YYYY)	Receipt Issued (DD-MMM-YYYY)	PCO Initial	
Lost/Stolen/Failed to Return Checklist			
Reported (DD-MMM-YYYY)	CATSA Deactivation (DD-MMM-YYYY)	ProWatch Deactivation (DD-MMM-YYYY)	
Aurora Deactivation (DD-MMM-YYYY)	Fine Paid	PCO Initial	