

Cayman Islands Airports Authority Unescorted Security Permit Policy

Under the Cayman Islands Airports Security Programme and, in compliance with the National Civil Aviation Security Programme of the Cayman Islands, a permanent Unescorted Security Permit will only be issued to:

1. An employee of the aerodrome.
2. An employee of an organisation who is required to engage in activities at or within the aerodrome on a daily basis.
3. Cayman Islands Law Enforcement Officers.

The issuance of a **NEW** permit will only occur once **ALL** of the following requirements have been complied with:

1. Completed application form with mandatory five-year employment history.
NOTE: Confirmation from all previous employers from the last five years must be submitted in writing addressed to the company of employment. Any gaps within the employment history exceeding 31 days must be verified, where possible, in writing by an appropriate body or person. An affidavit from the applicant is **NOT** acceptable.
2. Letter from employer stating why access to the aerodrome is required.
3. Criminal record certificate (CRC), **no older than 30 days**.
NOTE: If applicant is a foreign national or has resided abroad in the last five years, a CRC must be provided from the country of birth and from all countries of residence for the last five years.
4. Valid passport for identification.
5. Completion of Safety Management Systems Training (SMS).
Training must be scheduled with safety@caymanairports.com
6. Completion of General Security Awareness Training (GSAT).
Training must be scheduled with gsatgroup@caymanairports.com
Date of issue should be within 30 days.

The issuance of a **RENEWAL** permit will only occur once **ALL** of the following requirements have been complied with:

1. Completed application form.
NOTE: Applications must be submitted 30 days in advance prior to expiration date to avoid delays.
2. Letter from employer stating why access to the aerodrome is required.
3. Criminal record certificate (CRC), **no older than 30 days**.
4. Completion of annual Safety Management Systems Training (SMS).
Training must be scheduled with safety@caymanairports.com
5. Completion of annual General Security Awareness Training (GSAT).
Training must be scheduled with gsatgroup@caymanairports.com
Date of issue should be within 30 days.

NOTE: ANY APPLICATION THAT IS SUBMITTED AND FOUND NOT TO CONTAIN ALL OF THE REQUIRED DOCUMENTATION WILL BE REJECTED.

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.

Unescorted Security Permit Fees

New & Renewal permits valid for one (1) year.
Fee: \$50 CI

Replacement for Lost, Stolen, or Damaged permits.
Fee: \$25 CI

The police must be notified of lost or stolen permits. Copy of the police report, a letter from the employer, and the relevant fee are required for reprints.

Expired Permit (Late renewal)
Fee: \$25 CI

NOTE: Payment is due upon submission of application form.

Cayman Islands Airports Authority Unescorted Security Permit Application Form

- New Application
 Renewal Application

1. Surname: _____ First: _____ Middle: _____
2. Maiden Name: (Family name at birth) _____ Sex: M F
3. Previous Name: (If name has been changed other than by marriage) _____
4. Date of Birth: ___ / ___ / ___ Place of Birth: _____ Passport #: _____
5. Country Issuing: _____ Nationality: _____
6. Current Local Address: _____ (Street, District, Island and House #)
7. Last Home Address: _____ (Street, District, Island and House #)
8. Telephone #: _____ (C) _____ (H) _____ (W)
9. Current Employer: _____ Position Held: _____
10. How long have you resided in the Cayman Islands?: _____ (Years/Months)
11. How long have you worked with your current employer?: _____ (Years/Months)
12. Have you ever been arrested or charged, convicted, or have any pending criminal matters before the court or being investigated by the police, either local, regional, or international? YES NO
13. If YES, please state details: _____

Disclaimer- By signing, I hereby certify that the above information is correct.

Authorised Signatory

Signature of Applicant

Date ___ / ___ / ___

5 Year Employment History

NEW applicants only must provide details of each period of employment in the previous five (5) years. Any gaps in employment greater than 30 days, the applicant must provide the details, including a professional reference who can provide verification.

Authorised signatories are responsible for getting written verification of each period of previous employment from previous employers or, in the case of a gap in employment, from an alternative professional source.

Complete in date order (**most recent first**).

Tick to confirm reference type: _____ Date from (dd/mm/yyyy): ___ / ___ / _____ Date to (dd/mm/yyyy): ___ / ___ / _____

Employment Education Personal/Gap Other

Name of company or Referee name _____

Position held in company: _____

Reason for leaving: _____

Person or Department in company to contact or Professional referee _____

Telephone no & email address: _____

Tick to confirm reference type: _____ Date from (dd/mm/yyyy): ___ / ___ / _____ Date to (dd/mm/yyyy): ___ / ___ / _____

Employment Education Personal/Gap Other

Name of company or Referee name _____

Position held in company: _____

Reason for leaving: _____

Person or Department in company to contact or Professional referee _____

Telephone no & email address: _____

Tick to confirm reference type: Date from (dd/mm/yyyy): ___ / ___ / ___ Date to (dd/mm/yyyy): ___ / ___ / ___
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Name of company or Referee name _____

Position held in company: _____

Reason for leaving: _____

Person or Department in company to contact or Professional referee _____

Telephone no & email address: _____

Tick to confirm reference type: Date from (dd/mm/yyyy): ___ / ___ / ___ Date to (dd/mm/yyyy): ___ / ___ / ___
Employment Education Personal/Gap Other

Name of company or Referee name _____

Position held in company: _____

Reason for leaving: _____

Person or Department in company to contact or Professional referee _____

Telephone no & email address: _____

Policy relating to:

Security Access Control Measures at Aerodromes within the Cayman Islands.

Responsibilities of the permit holder:

Each cardholder shall prevent unauthorised access by non-card holders into restricted areas.

Each cardholder shall use their personal permit to enter and exit ALL AIRSIDE and SECURITY RESTRICTED AREAS and shall ensure that all doors are securely lock and that no person(s) have entered behind them. Piggybacking and tailgating is an offence even if done by cardholders and, therefore, not allowed. If observed the cardholder shall bring this breach to the attention of the nearest Airport Security Officer.

Each cardholder shall challenge any person observed in a restricted area not properly displaying their permit. If observed the cardholder shall bring this breach to the attention of the nearest Airport Security Officer.

Each cardholder shall challenge any person observed in a restricted area who although displaying a permit but is unaccompanied when required to be. If observed the cardholder shall bring this breach to the attention of the nearest Airport Security Officer.

Each cardholder shall challenge any person observed in a restricted area who although displaying a permit is in an Area or Zone in which they are not authorized to be in. If observed the cardholder shall bring this breach to the attention of the nearest Airport Security Officer.

Each cardholder when on duty in the area of the boarding gates is responsible for preventing the mixing of disembarking and embarking passengers. If observed the cardholder shall bring this breach to the attention of the nearest Airport Security Officer.

Each cardholder can escort a maximum of five (5) persons at one time. However, all escorts must be approved by Access Control or Security Management.

Cardholders shall ensure that disembarking flight crew do not access the Departure Lounge from the Airside. Flight crew may be allowed access to the counter at the boarding gate to conduct necessary business, but they are not to be allowed to go beyond this point. The cardholder shall also bring this breach to the attention of the nearest Airport Security Officer.

Apart from a genuine emergency, no one is to gain access through any door by using the panic bar. If observed the cardholder shall bring this breach to the attention of the nearest Airport Security Officer.

NOTE: Failure to comply with these conditions will result in either Suspension or Revocation of an individual's permit and will result in them not being allowed access to both the AIRSIDE and SECURITY RESTRICTED AREAS of the Aerodrome.

Applicant's Signature: _____

Date / / _____

Authorised Signatory Declaration

As the authorised signatory for the company, I confirm the following:

Tick to Confirm

The recruitment and interview procedures conducted on the applicant comply with aviation security regulations. Yes No

In light of checks conducted on the applicant, I confirm that to the best of my knowledge there is nothing which suggests a lack of integrity or which otherwise reflects adversely upon the applicant's suitability to hold an identification & security access control card. Yes No

The applicant's right to work has been confirmed. Yes No

A five (5) year employment verification check has been completed on the applicant and the letter has been dated and signed. Yes No

I agree that, when the unescorted security permit is no longer required for the given purpose, I shall notify CIAA immediately and return ID to CIAA Security Access Control. Yes No

The applicant has completed a recognised GSAT or equivalent training course. Yes No

Authorised Signatory Name: _____ Telephone: _____

Job Title: _____ Email: _____

Company Name: _____

Signature: _____ Date / / _____

FOR OFFICIAL USE ONLY

Application Approved for a period of _____ Months/Years
 Not Approved

Reason for Refusal _____

Areas Arrival Departure Apron All

Person Authorising: _____ (Print Name)

Department: _____

Signature: _____ Date / / _____

Pass Printed By:
Employee: _____ (Print Name)

Department: _____

Signature: _____ Date / / _____