VISITORS IDENTIFICATION CARD   RECORD
GERALDTON AIRPORT

VIC Number: _____**Date of Issue:** _____

VIC issuer must hold a white, red or grey ASIC

Issued by (Name): _____ **Organisation** _____

VISITOR DETAILS

Name: (In full)	*
Date of Birth :	*
Residential Address :	*
Contact Telephone Number:	*
Company Details: (if applicable)	*
Reason for requiring VIC:	*
Number of Days Visitors Pass Required: (If card required for more than 72 hours a photograph of the holder is required on the card- **Card to be Issued by Airport Management**)	
Proposed Return Date:	
Number of Days VIC held for Geraldton Airport over the previous 12 Months: **(If 28 days or more cannot be issued by Aircraft Operator)**	
Suitable Identification Documents **Original identification documents that must** • **be government issued;** • **contain your photograph and signature; and** • **be current and valid** *eg. Driver's licence, Australian or foreign passport, proof of age card*	Identification Type:_____ Number:_____ Expiry date: _____ State/ Country of Issue:_____ Type:_____ Number:_____ Expiry date: _____ State/ Country of Issue:_____

Declaration

I hereby declare that I have not had an application for ASIC refused and that I have not had a valid ASIC suspended or cancelled due to an adverse criminal record.

Signed_____

Declaration

I hereby declare that I will not be in breach of the 28 day rule by my application for a VIC.

Signed_____

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<u>Supplementary Information – Application for ASIC pending decision</u>

Date of Application for ASIC:	
ASIC Issuing Authority:	

<u>Airport Management Office Use:</u> Confirmation of application obtained from:

Issuing Body Name	
Contact Person (Name and position)	

ASIC card Holder (Escort) Details

Name :	
ASIC number:	
ASIC expiry Date:	
Contact Telephone Number:	

<u>Confirmation of reason for VIC application</u>

I hereby confirm that the reason stated by the VIC applicant _____

_____for requiring a VIC is true and correct:

Signed: _____

Name: _____

ASIC Number _____ (If details above write as above)

ASIC Expiry _____ (If details above write as above)

VIC Returned Date		Returned to (Name)	
VIC Reported Lost Date		Reported to (Name)	
VIC Cancelled Date		Cancelled by (Name)	

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