SECURE ZONE ACCESS (SZA) FORM



Part 1: Applicant Details

Approved By:

Date:

Programmed By:

Date:

PAPL-FORMS-SZA-1.04 AUG 2023

Surname:	Given Name(s):	Da	ate of Birth	
Company: Position:					
Email (not shared):	Mobile:				
ASIC Number:	ASIC Expiry:	ASIC Expiry: Issuing Body:			
ASIC Background:	□Grey	Airport Designator:	□PER	□aus	
Encoded or CH number (on ba	ck of card):				
and undertake to use the acce always remain in my possessio fulfil my employment duties. I v SZA card issued to me remains	ss card in a responsible ma n and will only be used whil vill not transfer, lend or allo s the property of Perth Airp ly report to Perth Airport if	nner. The access program e on duty within my regula w use of the access card t ort and Perth Airport, at it the access card issued to	med ASIC or Se or employment are or any other part is sole discretion me is lost or sto	ccess as required by Perth Airport cure Zone Access (SZA) Card will nd used as required to be able to y. The Access programmed ASIC or a, can cancel the card access at any len, or otherwise ceases to be in my cess card is no longer required.	
Applicant Signature:		Date:			
Part 2: Access Details				_	
Detailed operational reason fo	r access:				
Terminals:					
☐ Terminal 1 International		☐ Terminal 1 Domestic		☐ Terminal 2 Regional	
☐ Terminal 3 Domestic / Inte	ernational [☐ Terminal 4 Domestic		☐ Building 2003	
Additional Doors/ Access					
Access Type: Permanen	t/ Ongoing	Temporary	From:	То:	
Door Numbers:					
Part 3: Employer Declaratio To be completed by the applica		ered signatories only for (ASIC Online One	rators/Employers)	
				nt duties. I undertake to notify Perth	
				ansferred to other duties that do not	
Name:	Position:		Company:		
Signature:	Date:		Contact No:		
Part 4: Airport Operator To be completed ONLY if the co Airport Operator as signed belo		n Airport based company,	but are underta	king work on behalf of, or for an	
confirm that the company/pers the contract arrangement is con				I agree to notify Perth Airport when ess requested.	
Name:	Position:	Company:			
Signature:	Date:		Contact No:		
Office Use					
J11100 U30					