

**Declaration of escorted access – VISITORS PASS
(Form 3)**

Punta Raisi, on _____

The undersigned _____, in his/her quality as _____
_____ of the Company _____ having its seat
_____ VAT No. /Social security No. _____

in compliance with the current safety regulations and procedures for the Airport of Palermo, hereby

declares that

the visitor Mr./Mrs. _____, born in _____
on _____, residing in _____, employee at
the Company/Firm _____ having its legal seat in _____

in the interest of the declaring company, **by way of exception/urgently, needs to access the safety**

restricted areas of the airport on the day _____ from _____ to _____

(please, specify if access at night time) escorted by the Airport employee/operator in charge of this Mr.

_____, regularly trained on safety matters and holder of the Airport

ID badge no. _____ with coloured band _____ and zone _____.

In this respect, specifies that the Visitor will have to access (please tick the appropriate box) :

- | | |
|--|---|
| <input type="checkbox"/> All areas | <input type="checkbox"/> Terminal security restricted areas (boarding gates, gates and fingers) |
| <input type="checkbox"/> BHS/RHS – baggage make-up areas | <input type="checkbox"/> Cargo Terminal |
| <input type="checkbox"/> APRON | <input type="checkbox"/> Service and perimeter ways |
| <input type="checkbox"/> Technical areas and offices | <input type="checkbox"/> Manoeuvring areas yy/mm |
| <input type="checkbox"/> Other areas/sites (please, specify) _____ | |

For the following reasons/interventions/activities (please, specify) :

The undersigned ensures to have informed the Visitor and the employee in charge and authorized to escort about current safety regulations and operative procedures of the Airport of Palermo, that they both accept and undertake to respect.

Processing of the personal information contained in this declaration is allowed ex Reg. UE n. 679/2016 (GDPR).

Signature

COMFORMITY VISA BY THE AIRPORT OPERATOR

NOTE: For the delivery of a Visitors Pass – Escorted Access, this form shall be completed and undersigned in original copy, filled out in a legible way in all its parts and shall contain all the information requested for, penalty of invalidity.

RESERVED TO THE PUBLIC SECURITY FORCES

Visitors with escorted access no. _____

Delivered at / on _____

Returned at/ on _____

Person in charge at the Personnel Gate/driveway _____

Response

POS	NEG
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