AÉROPORT DE TORONTO
BILLY BISHOP
TORONTO CITY AIRPORT

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 (YYYY-MM-DD)
Home Address		City	

Province	Postal Code	Country	Height (cm)	Eye Colour

Email Address		Primary Number e.g. (416)-555-1234	

Employer	Department	Employee Occupation

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 RECIVED THE RAIC OR ACCESS PASS DESCRIBED BELOW.

Applicant Signature	Date (YYYY-MM-DD)

Part 2-Employment Information (to be completed by the Designated Signing Authority)
Type of pass requested

RAIC Aircrew Airside Terminal Canada	Access Pass (list areas required) 24 Hours Gate 110 Other

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 SUCESSFULLY 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 (YYYY-MM-DD)	Signature of Signing Authority
Signing Authority Job Title		
Signing Authority Email Address		Signing Authority Telephone

Part 3-RAIC/Access Card Details (to be completed by Pass Control Office)
Issuance

Vaccine Confirmation (YYYY-MM-DD)	Aurora Pass Number	Aurora Group	PCO Initial
Pass Type	RIN	Expiry Date (YYYY-MM-DD)	Card Returned (YYYY-MM-DD)
Pass Type	RIN	Expiry Date (YYYY-MM-DD)	Card Returned (YYYY-MM-DD)
Pass Type	RIN	Expiry Date (YYYY-MM-DD)	Card Returned (YYYY-MM-DD))

Cancellation

CATSA Deactivation (YYYY-MM-DD)	ProWatch Deactivation (YYYY-MM-DD)	Aurora Deactivation (YYYY-MM-DD)
Card Returned (YYYY-MM-DD)	Receipt Issued (DD-MMM-YYYY)	Lost/Stolen (YYYY-MM-DD)
TC Advised (YYYY-MM-DD)	Transfer to another Airport	PCO Initial