

DEPARTMENT OF CIVIL AVIATION-Airport Pass Unit

FROM:	TO: DIRECTOR OF CIVIL AVIATION
NAME:	SSR INTERNATIONAL AIRPORT
ADDRESS:	PLAINE MAGNIEN
TEL NO: EXTN:	MAURITIUS.

We wish to submit an application for temporary pass in favour of:

	SURNAME	OTHER NAMES
1		
2		
3		
4		
5		
6		

ORGANISATION	
ACTIVITY	
ACCESS	
PERIOD	DATE: TIME/ From: To: Hrs

AUTHORISED OFFICER FROM ORGANISATION SUBMITTING APPLICATION:

NAME:	SIGNATURE	DATE	STAMP

NB: It is understood that this application will be considered for urgent instances and repairs only, and that use of unauthorised vehicles or taxis are avoided.

Applicants will produce proof of identity when claiming access and will be escorted at all times when on the airside and sterile areas.

FOR OFFICIAL USE:

AIRPORT OFFICIALS CONTACTED:	
AIRPORT POLICE:	AIR MAURITIUS:
IMMIGRATION:	AML:
CUSTOMS:	OTHERS:

DOCUMENTARY EVIDENCE:

PASS ISSUED

for DCA