

## Application for Restricted Area Identity Card



PLEASE COMPLETE ONLINE AND PRINT, DO NOT FOLD WHEN COMPLETED – PHOTOCOPY/SCAN COPY OF THIS APPLICATION ARE NOT ACCEPTABLE

### Part 1—Employee Information (to be completed by employee)

<b>Surname</b>	<b>Given Names</b>	<b>Gender</b> Male      Female	<b>Date of Birth (DD-MMM-YYYY)</b>
<b>Home Address</b>		<b>City</b>	
<b>Province / State</b>	<b>Postal Code / Zip Code</b>	<b>Country</b>	
<b>Primary Number</b> e.g. (419) 234-5678		<b>Email Address</b>	
<u>Height</u> cm	<u>Weight</u> kg	<b>Hair Colour</b>	<b>Eye Colour</b>
		<b>Complexion</b>	

### Part 2—Employment Information (to be completed by employer)

<b>Employer</b>	<b>Department</b>	<b>Employee Occupation</b>	
<b>Restricted Area Identity Card</b>			
<b>Type of Pass Requested</b>	<b>Other</b>	<b>Keycard Access Requested</b>	<b>Other</b>

#### Signing Authority Authorization:

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 SUCCESSFULLY COMPLETED THE TORONTO PEARSON AIRPORT SECURITY AWARENESS TRAINING SESSION, AND C) HAS BEEN ADVISED TO PRESENT ALL ORIGINAL AND PERSONAL DOCUMENTATION FOR THE COMPLETION OF THIS APPLICATION, INCLUDING A VALID CANADIAN CRIMINAL RECORD CHECK (CCRC) AS APPLICABLE.

<b>Signing Authority Name</b>	<b>Date (DD-MMM-YYYY)</b>	<b>Signature of Signing Authority</b>
<b>Signing Authority Job Title</b>		
<b>Signing Authority Email Address</b>	<b>Signing Authority Telephone</b>	

### Part 3—Consent and Receipt of RAIC (to be completed by Pass Permit Control Office)

I CERTIFY THAT: A) I CONSENT TO THE GTAA (1) COLLECTING THE PERSONAL INFORMATION DESCRIBED ABOVE IN ADDITION TO BIOMETRIC IMAGES OF MY IRIS AND FINGERPRINTS AND (2) USING SUCH INFORMATION TO ISSUE ME A RESTRICTED AREA IDENTITY CARD (RAIC) 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) I CONSENT TO THE RETENTION BY THE GTAA OF THIS INFORMATION FOR SIX (6) YEARS FOLLOWING THE CONCLUSION OF MY EMPLOYMENT.  
B) THIS INFORMATION ABOVE IS CORRECT      C) I HAVE RECEIVED THIS RAIC DESCRIBED BELOW

<b>Signature</b>	<b>Date (DD-MMM-YYYY)</b>	<b>Pass Type</b>	<b>Pass No.</b>	<b>RIN</b>
<b>Witness</b>	<b>Date (DD-MMM-YYYY)</b>	<b>K/C No.</b>	<b>PIN</b>	<b>Expiry Date (DD-MMM-YYYY)</b>
		<b>File No.</b>		<b>Reference No.</b>
		<b>Confirmed by</b>		<b>Expiry Date (DD-MMM-YYYY)</b>
		<b>Other Information</b>		