



APPLICATION FORM FOR REGISTRATION OF REGULATED AGENT AND KNOWN CONSIGNOR

- Initial application (complete all)
- Reapplication (complete all)
- Change notification (complete sections Part1-A ,2 and sections reflecting changes)
- Renewal application (complete all)

This application includes the submittance of 2 copies of the operations manual by Handling agents and 2 copies of security program manual by Regulated Agents or Known Consignor. (1 copy may be in an electronic/digital format)
Note : attach copy of partnership agreement and KKF registration(security requirements)

Part 1- A

1. Particulars of the applicant

Full name :
Position :
Address :
Phone # : Mob#: Fax: Email :

2. Particulars of the organisation

Name of organisation :

3. a. Organisation structure: organogram in relation to security attached YES NO

Real property description :

b. Name and principal place of business of the organization :

c. Location(s) of operation:

4. a. Is de applicant the owner of the company ? YES NO

b. Detail of rights held by the company applying for registration in relation to the side?
.....

c. Names and address of the owner of the side and written evidence to show that permission has been obtained for the side to be used by the company applying for registration?

5. Indicate the aerodrome/airport operator(s) or commercial air transport operators to which services shall be provided to:

6. What kind of security service(s) to be provide :

Commercial Passenger and cargo /mail aircraft operations

Commercial All- cargo aircraft operations

or other?

Part 1-B

1. Particulars of the organisation management

Full names of company senior/accountable manager:

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Contact address:.....

Tele/Mob #:.....

E-mail:.....

Full name(s) of Security Director / manager :.....

Contact address:.....

Tele/Mob #:.....

E-mail:

If applicable

Full name(s) of sub contractor(s)management:

Contact address:.....

Tele/Mob #:.....

E-mail:

2. Recordkeeping: Where are the following records kept?

Security clearance:

Recruitment of security staff:

Medical records for those performing security tasks :.....

Aviation security and dangerous goods Training:.....

3. Declaration:

By signing and dating this application I confirm that all of the information provided is true and accurate to the best of my knowledge.

Printed Name:.....

Signed:.....

Date:.....

Part 2 Security function Operational Specifications

1. Name of the company to which security service shall be provided:

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(If applicable) Name of the sub-contractor used to provide requested services:

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2. Location of operations where the service shall be provided:

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3. List below, the security functions to be provided

Type of operational or procedural (Aviation) SECURITY FUNCTIONS to be performed :	No. of staff required		exact areas for the performance of AVSEC control activity or screening post	Equipement		
	agents	Super-visors		Name	Type	Serie no:

1. For Aviation Security operations services only current and duly trained licensed staff shall be allowed to perform the above security functions.
2. Only CASAS approved procedural and physical security standards and security equipment are permitted for the conduct of your operation as laid down in your approved security program.
3. Your services may be offered to entities who are registered or recognized by CASAS.
4. Duty time limitations for X-ray and CCTV & Alarm system operators shall be in compliance with CASAS approved standard.
5. Air Operators, RA and KC's are required to implement quality control activities as required by the NCASP and CARS part 13.
6. Any unsatisfactory conduct might result in disciplinary protocols