**APPLICATION FOR ENTRY OF FOREIGN PERSONS - AIRPORT M. R. ŠTEFÁNIKA BRATISLAVA**

**Bezpečnostné systémy a režimy phone: 02/3303 3142 e-mail:** **vstupnyrezim@bts.aero****, Bezpečnostný dispečing phone: 02/3303 3143, e-mail:** **ssu@bts.aero**

**\*Date of registration of application:** ................................ **Date from**:..................................**until:**....................................... **Safety sector of the airport:** ..............................................................................................................

**\*Applicant:(**company, name, phone nr., mail) ................................................................................................................................................................................................................................................................................................................................................

**\*Purpose of application :**..............................................................................................................................................................................................................................................................................................................................................................................

**\*Identification number (IČO):**...............................................................................................................................................................................................................................................................................................................................

**\*Tax indentification number (DIČ):**......................................................................................................................................................................................................................................................................................................................

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surnamen, Name \***Birthname** |  Date of birth \* Place of birth  | ID Number \*(Passport Nr., State) | Position \* | Adress\* | **Purpose of entry\*** | Number of admittance | Valid from - until | **Payment in € without VAT** |
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**\* The need for the entry of foreign persons and the acquaintance of the persons with ON-03/2005 and ON-3/2008 confirms senior management employee of the organization only.**

**\* The undersigned applicant confirms that the condition for granting of the authorization to enter is the payment of fees in accordance with current pricelist and agree with his payment. The application is to be filed with computer only !!!
\* To be filed by applicant!**

**ESCORT SECURED BY:**

Application accepted by (Name, signature): ..............................................................

Date: ..............................................................

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 (Stamp and signature of the authorized applicant)

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| VV/OLE |
| **I agree - Disagree****Date: Signature:** |

**HOLDER STATEMENT OF EXTERNAL LIP**

I declare that I was instructed, and I am aware that external LIP issued for the entry of foreign persons is the property of the employer, it cannot sell, lend, donate, used as a backup, or create other conditions for misuse issued admission. I undertake to submit the entry permit to control from the authorized airport authorities (OLE employees, police, customs officials) for each entry and exit into security restricted areas. External LIP I will wear visible throughout my stay in the security restricted or non-public areas. I will the entry permission hand over on request to the competent authorities or the employer.

With the issued entry permission, I will move only when accompanied by an authorized person with a valid LIP and only in those areas of the airport, intended for the performance of my labor. If necessary, I will follow the instructions of an authorized person.

The breaking of the above principles will have the consequence of removing of the entry permission by authorized stuff. By loss or theft of the entry permission I will immediately notify my employer to ensure written notice to the issuing authority. Upon issuance of a duplicate I will pay the prescribed fee of the valid price list.

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| --- | --- | --- |
| Date | Surname, Name | Signature |
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