

# ORGANIZATION REGISTRATION

## Form



## Form Details

Authority Level	Company Level		
<b>Department</b>	<b>Airport Operations / Aviation Security</b>		
<b>Document Number</b>	<b>AOD-ASD-00-FOR-028.01.01</b>		
<b>Document Author</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
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	<b>Musheera AlHameedi Officer – Security Administration</b>		
<b>Approved By</b> <i>(Based on BAC Authority Matrix)</i>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
	<b>Patrick Cuschieri Director – Aviation Security</b>		
Serial, Version, Revision History	Revision Date	Details	
1   028.01.01	10.05.2020	First Issue	
2			
3			
4			



### REQUESTING ORGANIZATION

Organization:	_____	Request Date:	_____ dd / mm / yyyy _____
Nominator's Name:	_____	Contact No.:	_____
Job Title / Position:	_____	Email Address:	_____

### REGISTRATION

This form must be completed by the organization requesting to access Bahrain International Airport, airside, and/or security restricted areas (internal) and security restricted areas (external) for approved business or operational activities. This form should be carefully read, filled up and printed. It must be signed by the applying organization's person, legally authorized as per the commercial registration. The signed and stamped document along with other relevant and required document should be sent to Bahrain Airport Company, Aviation Security Department and the Access Control Office, located at Bahrain International Airport, West Car Park. All parts of the document must be authentic and clear, with readable copies attached along.

Kindly send a soft copy of this form filled in and signed to [pass.office@bac.bh](mailto:pass.office@bac.bh)

- \* New Organization (Directly engaged with BAC).
- \* Existing Organization (in business with BAC).
- \* Contractor to an existing Registered Organization (in business with BAC).



**ORGANIZATION DETAILS**

\*Organization Name: \_\_\_\_\_

\*Country where business is registered.: \_\_\_\_\_

\*Operational Office Country: \_\_\_\_\_

City: \_\_\_\_\_

\*Address: \_\_\_\_\_

Postal or Zip Code: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ / Mobile: \_\_\_\_\_

E-Mail of the Org. (General Contact Email): \_\_\_\_\_

Web site: \_\_\_\_\_

\*Categories (Line of Business(s): \_\_\_\_\_

Areas of Operation \_\_\_\_\_

**ORGANIZATION REGISTRATION DETAILS**

\*Commercial Registration/License Number: \_\_\_\_\_

\*Expiry Date of Commercial Registration/License Number: \_\_\_\_\_

\*Organization Type (Local or Foreign): \_\_\_\_\_

\*Country of Establishment: \_\_\_\_\_

\*\*Year of Establishment: \_\_\_\_\_

Parent Company Name (if any): \_\_\_\_\_

Parent Company Number (Contact Details): \_\_\_\_\_



**ORGANIZATION CONTACT PERSON**

**\*Contact Person Name (Management or Head of Organization)**

First Name: _____	Surname: _____
CPR/Passport No.: _____	Validity: <u>dd / mm / yyyy</u>
Nationality: _____	Date of Birth: _____
Job Title: _____	Contact No.: _____ / Mobile: _____
Employer/Sponsor: _____	Email Address: _____
Signatory's Name: _____	Signature: _____
Date: <u>dd / mm / yyyy</u>	STAMP

**Important Note:** If you are a contracting company, working for multiple organizations, please state below the names of these organizations (Example: Your company has contracts with BCAA as well as BAC ...etc. Please attach contract evidential copies with each organization).

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**AUTHORIZED SIGNATORY (WHO WILL BE APPLYING FOR THE PASSES)**

I, the undersigned, fully understand my responsibility as an Authorized Signatory on the Bahrain International Airport Pass System. In particular, I understand rules regarding the referencing, security clearance requirements and the administration process associated with the issuance of Airport Security Passes (Permanent, Temporary and Visitor), Airside Vehicle Permits, and Driving License Cards, as well as the respective Employer Obligations stated in the BIA Access Control Manual.

I have been made aware of, and understand my obligations as an Authorized Signatory, and certify that to the best of my knowledge and belief, the persons for whom I will authorize the issuance of an Airport Pass, will be of suitable character and integrity to be employed in the airside or security restricted areas of Bahrain International Airport.

I am aware that it is an offence, under the Bahrain Civil Aviation Regulations, to give false information, either for the purpose of, or in connection with an application for an Airport Security Pass. I further confirm that I will only authorize the issue of requests for persons and vehicles whose access to the Airport's controlled areas are required for their employment or related to the requesting organization's operational needs.

**01<sup>ST</sup> AUTHORIZED SIGNATORY NOMINATION**

<b>First Name:</b> _____	<b>Surname:</b> _____
<b>CPR/Passport No.:</b> _____	<b>Validity:</b> dd / mm / yyyy _____
<b>Nationality:</b> _____	<b>Date of Birth:</b> _____
<b>Job Title:</b> _____	<b>Contact No.:</b> _____ / <b>Mobile:</b> _____
<b>Employer/Sponsor:</b> _____	<b>Email Address:</b> _____
<b>AVSEC Training:</b> _____	<b>Training Date:</b> dd / mm / yyyy _____
<b>Training Org.:</b> _____	
<b>Signatory's Sample Signature:</b> _____	<b>STAMP</b>

**02<sup>ND</sup> AUTHORIZED SIGNATORY NOMINATION**

<b>First Name:</b> _____	<b>Surname:</b> _____
<b>CPR/Passport No.:</b> _____	<b>Validity:</b> dd / mm / yyyy _____
<b>Nationality:</b> _____	<b>Date of Birth:</b> _____
<b>Job Title:</b> _____	<b>Contact No.:</b> _____ / <b>Mobile No.:</b> _____
<b>Employer/Sponsor:</b> _____	<b>Email Address:</b> _____
<b>AVSEC Training:</b> _____	<b>Training Date:</b> dd / mm / yyyy _____
<b>Training Org.:</b> _____	
<b>Signatory's Sample Signature:</b> _____	<b>STAMP</b>

**Note:** You may like to add another page if you are applying for more than 2 authorized persons. Please consult BAC, Aviation Security Department, Access Control Office for the maximum number of authorized persons who can apply for passes on the company's behalf.

**PERSONAL EMAIL ADDRESSES ARE NOT ALLOWED OR THE ENTIRE APPLICATION WILL BE REJECTED**



**FINANCIAL INFORMATION**

\*Beneficiary Name: \_\_\_\_\_

\*Bank Name: \_\_\_\_\_ \*Branch Name: \_\_\_\_\_

\*Bank Account No.: \_\_\_\_\_ \*Swift Code: \_\_\_\_\_

\*IBAN: \_\_\_\_\_

Sort Code: \_\_\_\_\_ BIC: \_\_\_\_\_

**\*Payment Methods:**

On – Line via BIA Site.       Credit.       Other       Currency: \_\_\_\_\_

Signatory's  
 Sample Signature: \_\_\_\_\_ | **STAMP** |

**DECLARATION AND ACKNOWLEDGEMENTS**

As the accountable manager of the requesting organization, and with legal powers for such purpose, I appoint the above identified signatories as authorized to request, approve and/or authorize all documentation related to requests for airport security passes, airside vehicle permits, and airside driving permits for the person(s) and vehicles whose access to the airport's controlled areas are required for their employment or related to organization's operational needs.

I understand that the authorized signatory role plays a major part in airport security and safety and confirm that the nominated authorized signatories are responsible individuals who shall be effective in following national and airport security and safety regulations.

I understand that Bahrain International Airport – BIA has the right to refuse the issue of any request where the submitted documentation for airport security passes, Airside Driving Licenses and Airside Vehicle Permits do not meet the required criteria, and that BIA shall not be held accountable for any delays in the clearance process, cancelation or denial of the submitted request. I also understand and accept that Bahrain International Airport has the right to cancel at any time, without prior notice, an Authorized Signatory from the Bahrain International Airport Pass System.

Signatory's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date:     dd / mm / yyyy    

| **ORGANIZATION  
STAMP** |



**DOCUMENTS REQUIRED TO REGISTER NEW ORGANIZATION OR TO UPDATE INFORMATION**

S. No.	Subject	Action
1	Original Application form of company signed by authorized signatory and containing company stamp.	<input type="checkbox"/>
2	Copy of Commercial Registration	<input type="checkbox"/>
3	Approved list of authorized signatories, issued by relevant authority (Foreign Organizations)	<input type="checkbox"/>
4	Letter issued by the Bank to clarify the details of office Bank Account No., and address, IBAN No. and Branch Name ... etc.	<input type="checkbox"/>
5	List of authorized subcontractors and distributors.	<input type="checkbox"/>
6	Copy of National ID/CPR, passport of owner(s) of the company, which is to be registered.	<input type="checkbox"/>
7	Copy of National ID/CPR, Passport of Authorized Person(s), which is to be registered.	<input type="checkbox"/>
8	List of previous and current client references	<input type="checkbox"/>
9	Signed non-Disclosure Agreement (NDA)	<input type="checkbox"/>

**FOR OFFICIAL USE ONLY:**

**Recommendations**

**BAC Airport access Control**

**BAC Director – AVSEC**

<p style="text-align: right;">_____ <u>dd / mm / yyyy</u></p>	<p style="text-align: right;">_____ <u>dd / mm / yyyy</u></p>
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**Only correctly filled requests with legible written information and supporting documents shall be accepted**