Stena Staff Card Application Form

Filled in by Department Manager/Corporate Security

☐ New ID	☐ Renewal ID
☐ Changed Access	☐ Temporary Card
☐ ID Card Lost	☐ Previous Card Damage/Defect

Work Description:

Work Area:

Work Schedule, Start: (DD-MM-YY)	Work Schedule, End: (DD-MM-YY)

Department Manager:

Name: _____   Phone: _____

Signature: _____   Company/Cost center _____

Filled in by Applicant

Surname:	**Company/Cost center:**
First Names:	**Site/Port/Ship/Region:**
Date of Birth:	**Phone:**

Filled in by PFSO/CSO

Visual Access Level, if work is done on ISPS area

S	☐ Ship	**S**	☐ Restricted Areas Ship
Q	☐ Quay	**Q**	☐ Restricted Areas Quay
T	☐ Terminal	**T**	☐ Restricted Areas Terminal

PFSO		**CSO**	
☐ Yes ☐ No		☐ Yes ☐ No	
Signature:		Signature:	
Date:		Date:	

Filled in by Corporate Security

☐ Yes ☐ No	Signature: Date:	Card reader access:

SSC/Card Admin.

Name:	**Card No.:**
Date:	**Card Validity:**
ID Number:	**Access Group:**

☐ ISPS Certified, date:

Cardholder Receipt Signature

Name:	Date:

The application form must be duly filled in and signed.
Should this not be the ease, the application will be automatically rejected.