



MSIC Number ____ / ____ <i>(FP Issuing Body Use only)</i>
Access Card Number <i>(FP Issuing Body Use only)</i>

FPA ACCESS ONLY APPLICATION FORM

(Access to Fremantle Ports Based on a Current MSIC)

(from 1 July 2019)

PART A: Applicant Information

ACCESS APPLICATION TYPE: (Tick one box only)

☐

Fremantle Ports Access – based on a
Regional Port MSIC (\$ 0)

☐

Fremantle Ports Access – based on an MSIC
supplied by other Issuing Body (\$150)

Current MSIC Number : _____ **Expiry:** ____ / ____ / ____

Verified in Auscheck

(IB use only)

Title: _____ Surname: _____ Full Name: _____ Date of Birth: ____ / ____ / ____

Phone: _____ Mobile: _____ Email: _____

Home Address:

Address: _____ Post Code: _____

Postal Address: (if different from home address)

Address: _____ Post Code: _____

Occupation: _____

EMPLOYER DETAILS:

Company Name: _____ **Contact:** _____
(Both First and Last Names)

Address: _____ Post Code: _____

Phone: _____ Mobile: _____ Email: _____

DECLARATION: I have read and agree to be bound by the Conditions of Use of an MSIC and Access to Fremantle Ports.

Signed: _____ Date: _____

PART B: Documents (*Issuing Body Use Only*)**Evidence of "Operational Need" demonstrated to hold an Access card to Enter Fremantle Ports**

- ☐ 1. Satisfactory evidence provided

Original documents showing Identity

- ☐ 1. Valid MSIC sighted
- ☐ 2. One original Category B identification document sighted *i.e. Driver's Licence*

Type: _____ Number: _____

PART C: Payment Details (*Issuing Body Use Only*)

☐ Cash ☐ EFTPOS / Credit Card ☐ Invoice ☐ Group x _____

Receipt number: _____ Received / Invoiced to: _____

PART D: Fremantle Ports Safety Induction (*Issuing Body Use Only*)

Date of Induction: _____ / _____ / 20____

Induction Type: Operational / Port User

☐ FPA Access Approved ☐ FPA Access Not Approved

FPA Access Type:

FPA Access

Workgroup:

Port Security Officer

PART E: Card Issue (*Issuing Body Use Only*)**Authorisation to Issue**

Signed: _____ Date: _____
(*Issuing Body*)

Collected by Applicant

Signed: _____ Date: _____
(*Applicant*)

Type of **Photographic Identification** produced by applicant on collection of MSIC (e.g D/L and number):
