

## VISITOR CARD APPLICATION

**PART A:** (To be completed by applicant)

Surname/Family Name: _____	Work Phone: _____
First Name(s): _____	A/H Phone: _____
Company: _____	Mobile: _____
Vehicle Registration: _____	Email: _____
Reason for visit: _____	
Appointment: YES   NO	Do you hold a valid Port Taranaki Safety Induction? YES   NO

The above information is true and correct.  
I have noted and agree to the conditions of use of a visitor card as listed below.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pursuant to Section 3 of the Privacy Act 1993, the provision of this information is for the purposes of Security and Safety Only. This information will be treated in confidence and not disclosed to any other agency other than for its intended purpose.**

**CONDITIONS OF USE OF A VISITOR CARD**

1. Must be displayed at all times while on site.
2. May only be used in the course of the holder's approved duties in the port area. It does not constitute an authority to enter or remain in the port area for any other purpose.
3. Must be presented for inspection on demand.
4. Loss to be reported immediately to Port Taranaki Security.
5. Must be returned prior to visitors leaving the secure area of Port Taranaki.
6. Port Taranaki reserves the right to charge NZ \$ 70.00 for a visitor card that is not returned.
7. Remains the property of Port Taranaki.
8. Is NOT transferable and can only be used by the persons to whom it is issued.
9. The applicant acknowledges that as a condition of entry to the port area, the cardholder's vehicle and/or packages may be subject to an inspection before entering, while within or when leaving the port area.
10. The applicant must comply with the requirements of the Maritime Security Act 2004 and Port Taranaki's Standard Conditions of Business.

**PART B:** (To be completed by Gate House Security Officer)

PHOTO ID: \_\_\_\_\_ EXPIRY: \_\_\_\_\_

REASON FOR VISIT	CARD NO.	ISSUED		RETURNED	
		DATE	SIGN	DATE	SIGN