(GAP T8) <<<<Copy onto the Pass Sponsoring Company Headed Paper>>>> Strictly Private and Confidential

Name of Recipient Address

Date

Dear Name

Re Applicant's Name FORENAME AND SURNAME AS PER ID Date of Birth Applicant's Date of Birth

The above named has applied to **Sponsoring Company Name** for a full airside ID pass at Aberdeen / Glasgow / Southampton airport has given us permission to contact you for a reference.

Please return this page along with the reference.

You are respectfully advised that it is an offence, under the Aviation Security Act 1982, as amended by the Aviation and Maritime Security Act 1990, to knowingly give false information, either for the purpose of, or in connection with, an application for a Full Airside ID Pass.

I would therefore be grateful if you would complete the attached questionnaire and return it to me as soon as possible. This information may be used to secure an airport security identity pass and information will be shared with AGS Airports Ltd and possibly with the Control Authorities.

You will be contacted by the pass sponsoring company and may also be contacted by the airport ID Security Audit Team to verify this reference.

We may not be able to submit an application for a full airside ID pass until this reference is returned and verified, therefore an early reply would be appreciated. Thank you for your cooperation in this matter. I assure you that your reply will be treated in the strictest confidence.

Yours,

Name

Position in Company

Company Name

Contact Details

GAP REFERENCE

Name of Recipient Address

Date	
Dear	Name

Requested by: Sponsoring Company N behalf of the Sponsoring Company Name	
Applicants Name: Forename and Surnam Also known as:	e AS PER ID
	ces on behalf of a full airside ID pass ouse/partner/boyfriend/girlfriend/foster
 relative/adopted relative Living at the same address either nov A current work colleague Under 16 years of age 	w or in the past
Someone who has not known the appSomeone who was not in contact with	
The dates of the gap(s) being covered are:	
Period 1. From: / / Day / Month / Year	To: / / Day / Month / Year
Period 2. From: / / Day / Month / Year	To: / Day / Month / Year
Period 3. From: / / Day / Month / Year	To: / / Day / Month / Year
Can you confirm that you knew the applicar no	
2. Can you confirm that you were in contact w	
period(s), at least once every 28 days, ye	es or no

3. In which country/countries was the applicant during the above periods:

Period 1:
Period 2:
Period 3:
4. How long have you known the applicant (minimum of 24 months):
5. Have you lived or are you currently living at the same address as the applicant:
6. Was the applicant employed during any of the dates provided, please state yes or
o. Was the applicant employed during any of the dates provided, piease state yes of
no:
7. If you have answered that the applicant was employed, please provide details:
8. Describe what the applicant was doing during
8. Describe what the applicant was doing during Period 1:
Period 1:
Period 1:
Period 1:
Period 1: Period 2:
Period 1:
Period 1: Period 2:
Period 1:
Period 1: Period 2: Period 3: 9. Do you currently work for the same company as the
Period 1:
Period 1: Period 2: Period 3: 9. Do you currently work for the same company as the
Period 1: Period 2: Period 3: 9. Do you currently work for the same company as the applicant:

REFEREES DETAILS:
Print Forename and Surname:
Address:
Daytime Telephone Number (for verification)
Signature:
Date Completed: / Day / Month / Year
Please ensure that the details provided are from your own personal knowledge as any inconsistency in information may delay the issue of a full airside ID pass.
You will be contacted by the pass sponsoring company for verification and you may be also be contacted by the airport ID Security Audit team. If you are going to be unavailable for verification please enter those dates below. Thank you for your cooperation.
Dates when unavailable: From To