



SWIPE CARD / KEY ACCESS AUTHORISATION FORM

Form to be completed if you require permanent access to the Port Otago Terminal / Wharves.

In addition, all contractors to Port Otago are required to complete an online induction prior to site access being granted this is completed online via

<https://www.portotago.co.nz/people-and-careers/health-and-safety/health-and-safety-online-induction/>

Applicant Name:			
Previously Accessed Port Otago?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, provide detail:
Applicant Mobile Number:			
Applicant Drivers Licence ID:		Expiry Date:	___/___/___
Applicant Email Address:			
Company Name:			
Company Manager Name:			
Company Manager phone number:			
Company Contact Email address:			
Applicants Reason for Access:			
What Gates Do You Want Access To?			
Type of Access Required:	Pedestrian <input type="checkbox"/>	Vehicle <input type="checkbox"/>	
Expected Access frequency:	Daily <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Access start date:			
Access end date:			
Date You Completed Your Online POL Safety Induction:			
List Any Other Site Specific Induction Training Required:			
Signature of applicant:		Date:	___/___/___
Name Of Authorising Company Representative:			
Signature Of Authorising Company Representative:		Date:	___/___/___
(signing declares site specific training & inductions completed)			
Your Port Otago Sponsor Name (must be a POL Manager):			
Signature Port Otago Sponsor (must be a POL Manager):		Date:	___/___/___
Security To Complete			
Contractor Register Checked By:			
Photo Captured for Cardex By:			
ID Verification Done By:			
Issued Cardex Card No.			
Issued Access Key No.			
Name of Issuing Card/Key Security Officer:			
Signature of Issuing Card/Key Security Officer:		Date:	___/___/___