

AVIATION SECURITY SERVICE PROVIDER VALIDATION FORM

SECTION 1:			
(To be completed by an Applicant for Issuance / Re-Issuance of an ASSP Certificate)			
Section 1A.			
1. Company / Applicant Details:			
Name of Company:			
Postal Address:			
Physical Address / Location:			
Telephone No.:			
Cell Phone No.:			
Official Email Address:			
Website (if any):			
2. Registration Number Assigned by KCAA: e.g. KE/ASSP/001-01/0420 (only for those undergoing recertification)			
3. List of Key Management Personnel:			
No.	Name	Title	Contact Cell phone and Email
Contact Person:			
Section 1B. (Tick as appropriate):			
4.	Type of operation (Check as many as applicable). The applicant will provide the following aviation security services at the Airport / Aircraft Operational areas / Air Navigation facility / Regulated Agent facility / In-flight Catering facility / other Aviation-related facility / Vulnerable Point:-		
<input checked="" type="checkbox"/>	Type of Service	No. of Personnel	
	Access control (for persons and vehicles)		
	Access control (persons only)		
	Screening/searching of persons and vehicles		
	Screening/searching of persons only		
	Screening/searching of cargo		
	Screening/searching of baggage		
	Screening/searching of in-flight supplies and stores		
	Screening/searching of airport supplies		
	Protection of screened cargo		
	Protection of screened baggage		
	Protection of screened in-flight supplies and stores		
	Protection of screened airport supplies		
	Protection of aircraft on ground or aircraft maintenance facility / hangar		
	Protection of any facility or equipment on the airside		
	Protection of air navigation facility or aviation-related vital installations at/near/off airport		
	Patrols, surveillance (CCTV) and alarms at aviation-related facility		

	Escort or conveyance/transport of screened baggage	
	Escort or conveyance/transport of screened cargo	
	Escort or conveyance/transport of secure in-flight supplies and stores	
	Other aviation security service (describe):	
	<i>Note: The ASSP provides these services on behalf of the Operator (Airport Operator, Aircraft Operator, Regulated Agent, In-Flight Catering Operator, ANS Provider as appropriate)</i>	

Section 1C.

5. Applicant's Service and Customer Data (for customers at/within aviation / airports)

No	Name of Applicant's Client	Location(s) where service will be provided by applicant	Type of service to be provided by applicant <i>(in line with Section 1B (4) above)</i>	No of Trained Aviation Security Personnel to be deployed

6. Facilities and Equipment to be used in the Service Provision

	Equipment	No. of Equipment	Areas where Deployed / used	Owned by	No. of Equipment Operators
(a)					
(b)					
(c)					
(d)					

7. Location of Applicant's branch Offices (if any):

(a)	
(b)	
(c)	

Section 1D.

8. Additional information that provides a better understanding of the applicant's operation or business including new operations (attach additional sheets, if necessary).

9. The applicant hereby acknowledges that the statements and information contained on this form is true and denote an intention for issuance/re-issuance of a Kenya Civil Aviation Authority's Aviation Security Service Provider Certificate.

Signature.	Name and Title:	Date and Stamp:

SECTION 2:		
FOR KCAA OFFICIAL USE		
(To be completed by the Manager Aviation Security Policy and Regulatory division)		
1. Assigned AVSEC Inspector(s):	Date Assigned:	
2. Remarks:		
Name:	Sign:	Date:
Manager, Aviation Security Policy and Regulation		