

## AVIATION SECURITY SERVICE PROVIDER VALIDATION FORM

| SECTION 1:   |   |                         |                                 |
|--|---|-------------------------|---------------------------------|
| (To be completed by an Applicant for Issuance / Re-Issuance of an ASSP Certificate)  |   |                         |                                 |
| <b>Section 1A.</b>   |   |                         |                                 |
| <b>1. Company / Applicant Details:</b>   |   |                         |                                 |
| Name of Company:   |   |                         |                                 |
| Postal Address:  |   |                         |                                 |
| Physical Address / Location:   |   |                         |                                 |
| Telephone No.:   |   |                         |                                 |
| Cell Phone No.:  |   |                         |                                 |
| Official Email Address:  |   |                         |                                 |
| Website (if any):  |   |                         |                                 |
| <b>2. Registration Number Assigned by KCAA: e.g. KE/ASSP/001-01/0419 (only for those undergoing recertification)</b>   |   |                         |                                 |
| <b>3. Management and Key Staff/Personnel:</b>  |   |                         |                                 |
| No.  | Name  | Title                   | Contact<br>Cell phone and Email |
|  |   |                         |                                 |
|  |   |                         |                                 |
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|  |   |                         |                                 |
|  |   |                         |                                 |
| Contact Person:  |   |                         |                                 |
| <b>Section 1B. (Tick as appropriate):</b>  |   |                         |                                 |
| <b>4.</b>  | Type of operation (Check as many as applicable).<br>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"/>  | <b>Type of Service</b>  | <b>No. of Personnel</b> |                                 |
|  | 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  |                         |                                 |
|  | Protection of screened cargo  |                         |                                 |
|  | Protection of screened baggage  |                         |                                 |
|  | Protection of aircraft on ground or aircraft maintenance facility   |                         |                                 |
|  | Protection of air navigation facility or aviation-related vital installations at/near/off airport   |                         |                                 |
|  | Patrols, surveillance (CCTV) and alarms   |                         |                                 |
|  | 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> |   |                         |                                 |

| <b>Section 1C.</b>  |                            |   |   |  |                            |
|---|----------------------------|---|---|--|----------------------------|
| <b>5. Applicant's Service and Customer Data (for customers at/within aviation / airports)</b>   |                            |   |   |  |                            |
| No  | Name of Applicant's Client | Location(s) where service will be provided by applicant | Type of service to be provided by applicant<br><i>(in line with Section 1B (4) above)</i> | No of Trained Aviation Security Personnel deployed |                            |
|   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
| <b>6. Facilities and Equipment to be used in the Service Provision</b>  |                            |   |   |  |                            |
|   | Equipment                  | No. of Equipment  | Areas where Deployed / used   | Owned by   | No. of Equipment Operators |
| (a)   |                            |   |   |  |                            |
| (b)   |                            |   |   |  |                            |
| (c)   |                            |   |   |  |                            |
| (d)   |                            |   |   |  |                            |
| <b>7. Location of Applicant's branch Offices (if any):</b>  |                            |   |   |  |                            |
| (a)   |                            |   |   |  |                            |
| (b)   |                            |   |   |  |                            |
| (c)   |                            |   |   |  |                            |
| <b>Section 1D.</b>  |                            |   |   |  |                            |
| <b>8. Additional information that provides a better understanding of the applicant's operation or business including new operations (attach additional sheets, if necessary).</b>   |                            |   |   |  |                            |
|   |                            |   |   |  |                            |
| <b>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.</b> |                            |   |   |  |                            |
| Signature.  |                            | Name and Title:   |   | Date and Stamp:                                    |                            |
|   |                            |   |   |  |                            |

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