

Authorised Signatories Form

Authorised Signatories Form for Airside Access Vehicle Permits

Company Name: _____

Company Details	Nomination 1	Nomination 2
Signatory Name: {Block Capitals}		
Position within Company		
Contact Number		
Mobile Number		
Fax Number		
e-mail Address		
Staff Number		

Signature (Nomination 1) _____

Date: _____

Signature (Nomination 2) _____

Date: _____

Return by e-mail: caroline.dwyer@daa.ie

Return by Fax: 021 4329789

Return by Post: Caroline Dwyer, Airside Management Unit,
Cork Airport, Kinsale Road, Cork, Ireland.

ADDITIONAL NOMINATIONS OF AUTHORISED SIGNATORIES



Company Details	Nomination 3	Nomination 4	Nomination 5
Signatory Name: {Block Capitals}			
Position within Company			
Contact Number			
Mobile Number			
Fax Number			
e-mail Address			
Staff Number			
Signature			
Date Signed			
<p><u>Details of Company Manager approving nominations:</u> <u>Company Stamp</u></p> <p>Name: _____ Title: _____</p> <p>Signature: _____ Date: _____</p>			

Authorised Signatories shall hold a senior position in their company and be employed at Cork Airport for a minimum of twelve months.