

RESPONSIBILITY AGREEMENT

– concerning ID cards and Vehicle Permits at CPH

Complete the form electronically or print by hand and send it to the ID Card Office by mail or a scanned copy by e-mail to idkortkontoret@cph.dk

The application form must be sent to this address:

**Copenhagen Airports A/S
ID Card Office
Lufthavnsboulevarden 6
DK-2770 Kastrup**

Company reg. No.(CVR):	CPH company no.:
Company name:	

Terms:

The company's management

- must appoint a managerial employee as its ID card administrator and an alternate for the ID card officer so there will always be a person present who is authorised to make any necessary security-related decisions on behalf of the company.
- must submit a new RESPONSIBLE AGREEMENT (form 13) in the event of any changes in relation to the ID card administrator or alternate

The ID card administrator/alternate

- must keep updated on the rules and regulations applicable to CPH ID cards and vehicle passes for the airport's airside area.
- must order CPH ID cards, vehicle passes and permits for company employees who are going to work at the airport.
- may not order CPH ID cards for sub-contractors, etc.
- may appoint a limited number of persons who may also order ID cards, please use page 4 of this company application form.
- must keep any ID card orderers updated on the rules and regulations applicable to CPH ID cards and vehicle passes to the airport's airside area.
- makes sure that application forms are correctly completed, readable and have enclosed the documentation stated in the application forms.
- must forward updates in the event of a change in customer relationships, access and the like.

Breach of the above may result in the company's ID card administrator/alternate/ID card orderers losing their authorisation to manage ID cards and vehicle passes. Severe breach of the above may cause the company to lose the right to apply for ID cards and vehicle passes

ID card administrator

All fields must be filled in:

Name:	
Position:	
Company name:	
Company address:	
Postcode., city:	
Direct telephone:	Mobile:
E-mail:	
I have read and accept the terms:	
_____	_____
Date	Signature

Alternate

All fields must be filled in:

Name:	
Position:	
Company name:	
Company address:	
Postcode, city:	
Direct telephone:	Mobile:
E-mail:	
I have read and accept the terms:	
_____	_____
Date	Signature

Management*

must

Name:	
Position:	
Direct telephone:	Mobile:
E-mail:	
I have read and accept the terms:	
_____	_____
Date	Signature and company stamp (if any)

* To be filled in by a person from the company's management.