GOVERNMENT OF INDIA
BUREAU OF CIVIL AVIATION SECURITY
AERODROME ENTRY PERMIT (AEP) APPLICATION FORM (AEPAF)

Fill up the form in CAPITAL LETTERS. Two copies of recent coloured passport size photographs- are to be pasted (Not to be stamped) in space below. All the columns must be filled up otherwise application is liable to be rejected. All dates are to be given in DD/MM/YY format. Any overwriting / correction must be countersigned with official seal.

PART "A"

PASTE PHOTO HERE ATTESTED ON FRONT.	FOR OFFICE USE : 1. Zone_____ 2. Terminal_____3.AEP No._____ 2. Working Airport _____. 4. Valid upto _____/_____/_____. 5. Issue date _____/_____/_____. 6. CA Verification :_____ (SHO/SB/PP/ any other)	PASTE PHOTO ONLY

Specimen Signature in BLOCK Above (IN BLACK INK)

1. Fresh Issue / Re-issue (I/R)._____ 1(a) Previous AEP Colour / Zones _____

2. a. For Fresh issue tick (✓) reasons mentioned below.

Fresh Appointment ☐ Designation Change ☐ Transfer ☐
Mutilation ☐ Expiry ☐ Loss ☐
Any other reason: _____

b. Date as of 2(a): _____/_____/_____.

3. Name (Last name) (First Name)

4. Father's Name_____.

5. Mother's Name _____.

6. a. Permanent Address: _____

b. Present Address: _____

7. Date of Birth _____/_____/_____ 8. Date of superannuation _____/_____/_____

9. a. Organization: _____ b. Designation _____ Code _____

c. Place of duty: _____ d. Nature of duty: _____

f. Office Address: _____

10. Did you apply for AEP earlier? ☐ YES ☐ NO Whether issued or not? ☐ YES ☐ NO

11. Details of AEP in possession: AEP No._____ Valid upto _____

12. Information relating to applicants other than Indian nationals.

a. Nationality: _____ b. Passport No.: _____ c. Place of Issue: _____

d. Date of issue: _____ e. Expiry of Passport _____ f. Type of Visa: _____ g. Expiry of visa _____

13.

i (a) Is any case pending against you with the police or court? **Yes** ☐ **No** ☐

(b) If Yes, furnish full details on a separate sheet of paper.

ii (a) Were you ever arrested? **Yes** ☐ **No** ☐

(b) If yes, furnish full details.

iii (a) Were you punished departmentally? **Yes** ☐ **No** ☐

(b) If Yes, furnish full details: **Yes** ☐ **No** ☐

14. AVSEC Awareness Training

Date of Training:_____ Location:_____

Name & Organisation of the AVSEC Instructor:_____

I certify that the particulars furnished by me above are correct, I also understand that suppression of information or giving false information would make me liable to legal action as well as denial of AEP.

Signature of Applicant.

Date :

BCAS H.O

PART "B"

1. I certify that the above person is on the payroll of our organization.
2. The particulars given are correct and the applicant essentially needs Aerodrome Entry Permit in order to perform his / her duties.

Recommended for issue of AEP for zones [Tick (✓) where applicable] for a period up to _____/_____/_____.

A	D	T	S	P	B	F	Ft	C	Cd	Ci	Cs	I

Terminal_____

Place: _____
Date : _____

(Signature of Authorized Signatory with Seal).
Name _____.
Designation_____.

PART "C"

(This part may be used by agencies / departments in case the applicant is required to visit several / all airports in the country in the course of his official duties).

Certified that the applicant Mr. / Ms._____ is required to visit the _____airport(s) in the course of official duties.

Date

(Signature of Authorized Signatory with seal).
Name _____
Designation_____

Part "D"

(To Be Certified By the administrative Officer of the Applicants Department)

1. I certify that the above person is a PERMANENT / TEMPORARY employee of our organization.
2. The Service Book/Personal Files have been checked and the information furnished by the Applicant is found Correct / Not Correct (details to be mentioned in separate sheet)
3. Details of Vigilance Enquiries/Cases, if any: (details to be mentioned in separate sheet)
4. I hereby undertake to return the AEP to BCAS within one week after the applicant's need for the AEP officially ends.

NB: Delete inapplicable alternative.

Date: _____

Signature of authorized signatory with Seal.
Name:
Designation

Part "E"

(To be endorsed by the Security Department of the organization / Local Police Authorities)

(a) Certified that nothing adverse against the applicant has come to our notice and the nature of his /her duties require, issue of AEP for the duration, zone and the Airports mentioned in Part-B and C.

-OR-

(b) The following adverse facts have come to our notice based on which AEP is Not Recommended. (In separate sheet)

Note:

1. Background checks to be conducted on the person by the Special Branch of Police / District Authorities of the area of residence of applicant for the last 02 years.
2. The background checks to be carried out by the Police Station of the area or residence of applicant during the last 06 months.

Date: _____

Official Seal of Department:

Signature of authorized signatory.
Name:
Designation: