

### APPLICATION OF PMA PASS

The PMA Pass is issued pursuant to the terms and conditions set out in the PMA Pass Conditions, the PMA Security, Safety, Health and Environmental Rules and at the absolute discretion of Port And Maritime Affairs (PMA). Entry into PMA Facilities without a valid PMA Pass constitutes an offence.

### INSTRUCTIONS TO THE APPLICANTS

1. PMA Pass Applicant(s) need to provide following photocopies;

- The Applicant's (SMART) for Bahraini and Expatriates.
- Passport (For Expatriate).
- Work Permit.
- Applicant's Driving License.
- Any other documents as required by PMA.

2. A letter by the Applicant's Employer/ Sponsor on such Employer's/ Sponsor's letterhead and addressed to Directorate of Safety And Security of PMA.

3. A recent colour photograph (passport-sized).

4. The fees payable for the application of each PMA Pass is as follows:

Type	Validity Period	Fees (B.D)
Permanent	1 Year	10.000
Temporary	Up to 3 months	8.000
Renewal (Permanent Only)	1 Year	10.000
Lost	Up to the expiry date of the lost card	10.000

5. Application must be made in person. Please present the duly completed application form together with the Requisite Documents to the following:

**Ports And Maritime Affairs**  
Mina Salman (Passes Office)  
Tel. 17 811 372  
Fax. 17 359 603

**Opening Hours 0730-1330**

### SECTION A : DECLARATION OF APPLICANT'S PERSONAL PARTICULARS "Tick the appropriate field with (✓)"

1. Applicant's SMART No. ( ) / Passport No. ( )

2. Nationality

3. Work Permit No.

4. Work Permit Expiry Date (DD/MM/YYYY)

5. Type of Application

1. Sponsored

2. Non- Sponsored

3. Government Employees

6. Applicant's Name (As in the CPR/P.P)

7. Gender

1. Male

2. Female

8. Residential Address

Villa/House/Flat No.

Block No.

Street Name / Road No.

Town/City

P.O Box

9. Contact Details

Residential Telephone No.

Cell phone No.

10. Date of Birth (DD/MM/YYYY)

11. Age

12. Designation / Occupation

13. Required PMA Facility permit "Tick the appropriate field with (√)"

Mina Salman

Bahrain Logistic Zone

14. State purpose of seeking entry, in details

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**SECTION B : CAR ENTRY PERMIT (for approved applicants only)**

Type

- PMA CEP (Type A)
- PMA CEP (Type B)
- PMA CEP (Type C)
- PMA CEP (Type D)
- PMA CEP (Type E)

Persons/Entities eligible for car entry

- a) Shipchandling, Shipping & Clearing Agency
- b) Contractor/Supplier
- c) Tenants
- d) Government Ministries/Agencies
- e) Navy & Coast Guard

1. Vehicle Registration No.

2. Vehicle Type

Private

Public

Motorcycle

Others

I hereby affirm that the information provided above Sections is true, valid up to date in all respect. I hereby also agree to abide by the PMA Pass Condition, the PMA Security, Safety, Health and Environmental Rules and any other terms and conditions as may be implemented by PMA from time to time.

Signature of Applicant

Date (DD/MM/YYYY)

**SECTION C : TO BE COMPLETED BY THE APPLICANT'S EMPLOYER / SPONSOR**

1. Name of Company / Business

2. Company / Business Registration Address

Building / Flat No.

Block No.

Street Name / Road No.

Town/City

P.O Box

6. Contact Details

Telephone No.

7. C.R. No.

8. Please state the nature of the activities of the Applicant's Employer / Sponsor

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**SECTION C : TO BE COMPLETED BY THE APPLICANT'S EMPLOYER / SPONSOR**

**DECLARATION**

- (a) We hereby sponsor the Applicant's application for the PMA Pass and affirm that;
  - (i) The Applicant's is our employee and his / her duties require him / her to enter PMA's Facilities.
- (b) We hereby also agree and undertake
  - (i) To notify PMA immediately of any inaccuracy or change of the information provided in section A.
  - (ii) To notify PMA as soon as the Applicant is no longer employed by us.
  - (iii) To abide by and also ensure that the Applicant abides by the PMA Pass Condition, the PMA the PMA Security, Safety, Health and Environmental Rules and any other terms and conditions as may be implemented by PMA from time to time.
  - (iv) To be jointly and severally responsible for all acts, obligations and liabilities whatsoever of the Applicant arising from or in relation to the Applicant's use of PMA Pass.

Signature of Company's / Business Representative \_\_\_\_\_

Name of Company's / Business Representative \_\_\_\_\_

SMART / Passport No. \_\_\_\_\_

Designation and Date \_\_\_\_\_

\_\_\_\_\_  
Please affix Company's Business stamp

**SECTION D : FOR PMA USE**

PMA Pass No.	
Vehicle	Yes / No

Checked and Processed by : \_\_\_\_\_  
Signature / Date / Location

**SECTION F: ACKNOWLEDGEMENT OF RECEIPT OF PMA PASS**

I hereby acknowledge receipt of my PMA Pass issued to me upon the terms and conditions as set in the PMA Pass Condition, the PMA Security, Safety, Health and Environmental Rules and any other terms and conditions as may be implemented by PMA from time to time.

Pass Issued By: \_\_\_\_\_  
Signature / Date / Location

\* In line with PMA Access Code Section 7 sub section (5) with regard to Temporary/Permanent Pass.