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| --- | --- | --- | --- | --- | --- |
| 1. **AIRSIDE DRIVING PERMIT NUMBER**
 |

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| --- | --- | --- | --- |
|  |  |  |  |

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| 1. **PERSONAL DATA**
 |
| Name and surname |  |

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| 1. **CIRCUMSTANCES OF MISSING AIRSIDE DRIVING PERMIT (to be completed by applicant)**
 |
| Loss |[ ]  Theft |[ ]  Destruction |[ ]
| Place and date of missing |  |
| How did the loss / theft / destruction occur |  |
| I understand that any false or misleading information on this Statement may cause disapproval of the new Airside Driving Permit. I confirm that I will return the original Airside Driving Permit to International Zagreb Airport Jsc. if the missing Airside Driving Permit is found after I have been issued with a replacement. |
| Place and date |  |
| Signature  |  |

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| 1. **INFORMATION ABOUT THE EMPLOYER**
 |
| Company |  |
| Address |  |
| City |  |
| Place and date |  |
| Name and surname |  |
| Signature |  |