

INSTRUCTION FOR APPLICATION FOR MOBILE BOWSER ACCESS INTO CHANGI AIRFREIGHT CENTRE (CAC)

- 1. This application is to be completed by the administrator of the mobile bowser firm in conjunction with the vehicle operator and a single residing within CAC sponsoring party.
- 2. The mobile fuel bowser transport vehicle operator applicant indicated in this application shall first hold a valid seasonal airport pass before proceeding with the paperwork. (See point "s" in table below.)
- 3. All application must be in soft-copy and shall be submitted to cacfeedback@changiairport.com.
- 4. All successful application shall be valid in accordance to supporting licences / paperwork expiry date. No ad-hoc extension is allowed.
- 5. All successful application will be informed by CAG Air Cargo Operations Team for the collection of relevant licences. Applicants shall collect relevant licences prior to accessing Changi Airfreight Centre in Mobile Bowser vehicle.
- 6. The following documents / information shall be furnished to the Changi Airport Group, Air Cargo Operations Office for verification and processing purposes:

Sup	pporting Documents / Information by SCDF:	Application Attachment Checklist:		
a)	Soft Copy of approved Hazmat Transport Driver Permit (HTDP)	☐ YES	□NO	
b)	Soft Copy of approved Transportation Emergency Response Plan (TERP)	☐ YES	□NO	
c)	Soft Copy of Valid SCDF Transportation Licence	☐ YES	□NO	
d)	Soft Copy of GHS / Storage / Transport Label Picture	☐ YES	□NO	
e)	Copy of PE Endorsed Test Report i.e. Hydrostatic (5 years), Radiographic (10 years) or			
	equivalent test report (according to usage duration), whichever applicable.	☐ YES	□NO	
f)	Copy of Quantified Risk Assessment, where applicable	☐ YES	□NO	

Su	pporting Documents by LTA:	Application Attachment Checklist:		
g)	Soft Copy of Driving License (Current and updated to show proficiency in vehicle class type)	□ YES	□ NO	
h)	Soft Copy of Road Worthiness Certificate	☐ YES	□NO	
i)	Soft Copy of Vehicle Log Card	☐ YES	□NO	
j)	Soft Copy of Fire Safety Inspection Test Certificate	☐ YES	□NO	

CAG	G – Air Ca	argo Operations (ACO) Requirements:	Application Attac	hment Checklist:
k)	Seasona	al Airport Pass for Applicant (approved and valid from authorities)	☐ YES	□NO
l)	Soft cop	y of Recent Passport Size Photo	☐ YES	□NO
m)	Soft cop	y of Vehicle with Prominent Company Marking	☐ YES	□NO
n)		Work Permit / Employment Pass of Mobile Bowser Transport Operator (For non-rean only)	□ YES	□ NO
0)	Letter o	f Indemnity undersigned by Mobile Bowser Operator	☐ YES	□NO
p)	Additio	nal CAC Risk Assessment Docs, where necessary	☐ YES	□ NO
q)	Equipm	ent Provision for following items on board vehicle (upon audit checks):		
	a.	Fire Extinguisher		
	b.	Spill Kit		
	c.	Jerry Can w/water (20 litres) for general cleaning	☐ YES	□ NO
	d.	Chemical Agent for cleaning and neutralising spill		
	e.	Anti-Drip Cap for Fuel Nozzle		
	f.	Drip Tray / Mat		

Sp	onsoring Firm / Business Requirements	Application Attachment Checklist:		
r)	Endorsement from CAC firm, Business for bowser as part of application form submission	☐ YES	□NO	
s)	Support seasonal pass application for mobile bowser transport vehicle operator.	☐ YES	□NO	



FOR OFFICIAL USE ONLY:

Validity Period:

Serial No:

Supporting "Form C" S/N:

Supporting "Form D" S/N:

FORM A:

TRANSPORT VEHICLE DRIVER / OPERATOR APPLICANT DETAILS

Please note that if driver& operator of equipment are separate personnel; or more then 2 personnel will be assigned to vehicle, all personnel must fill up FORM A

Name	NRIC / FIN	FIN Expiry Date	Nationali	ty	Passport Standard
		(DD/MM/YYYY)			Coloured Photo to go here OR be attached separately as part of this application:
Applicant Contact No. (HP)	Designation		Date of B	irth	Applicants to note that ICA
			(DD/MM,	/YYYY)	passport photo standards shall apply for the photo submitted.
Gender	Home Address:				
MALE / FEMALE					
S'pore Driving Licence ID No.:	•	riving Licence Class cle all applicable)	5:	Fore	ign Driving Licence (if applicable)
		3A / 3 / 4 / 5		Counti DL Cla	•
Date of Application:	(DD/MM/YYYY)				
HTDP ID No:		HTDP Expiry Da	te:	(DD/N	1M/YYYY)
Airport Pass ID No:		Airport Pass Exp	oiry Date:	(DD/N	IM/YYYY)
Airport Pass ID Zone Accessible (Pls Tick applicable options):	"A" – Apron with Baggage Sorting Area "½A" – Apron without Baggage Sorting Area "B" – Baggage Claim Hall / Arrival Transit "C" – Changi Airfreight Centre "D" – Departure Transit				
Mobile Bowser Company Name:					
Mobile Bowser Company Address:					
Company Contact Number:					
Supervisor Name:					
Supervisor Designation:					
Supervisor Contact:					
I hereby declare that the information given in the Civil Aviation Authority of Singapo			_		
Name of Applicant & Designation		Signature of A	pplicant &	Date	

NOTE: The following documents (approved by authorities where applicable) must be provided in support of this application:

- Soft copy of approved Hazmat Transport Driver Permit (HTDP)
- Soft copy of Driving License (Current and updated to show proficiency in vehicle class type)
- Valid soft copy of Seasonal Airport Pass of Applicant
- Soft copy of Work Permit / Employment Pass of Mobile Bowser Transport Operator (For non-Singaporean only)
- Soft Copy of Applicant Photo



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Suppor	ting	"Form	C"	S/N:
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Supporting "Form D" S/N:

MOBILE BOWSER TRANSPORT VEHICLE DETAILS (to be filled up by Operating Company for Vehicle)

Mobile Bowser Transport Vehicle Company Name:							
Mobile Bowser Transport Vehicle Company Address:							
Wobile Bowser Transport Vehicle Con	ilpally Address.						
Business Registration Number:							
Date of Application:	(DD/MM/YYYY)						
Qualify Under SCDF exemption		to affirm noint a	nt <u>CACfeedback@changiairport.co</u>	m)			
orders for CAC related operations?		to arm in point o	CACICCUDACK@CHAHgian portico	,			
Person-In-Charge Name:			NRIC / FIN / WP:				
Designation:			Department:				
Contact Number:			Email Address:				
Brand & Model of Vehicle:			Vehicle Licence Plate No:				
Vehicle IU Number:			Capacity of Tank (In				
			litres):				
Type of Load Carried:	☐ Class 3 Type:		Date of Registration of	(DD/MM/YYYY)			
(Pls specify type)	☐ Non -Class 3 type:		Vehicle:	, , , ,			
SCDF Transportation Licence No:			SCDF Transportation	(DD/MM/YYYY)			
<u> </u>			Licence Expiry Date: Road Worthiness				
Road Worthiness Certificate No:			Certificate Expiry Date:	(DD/MM/YYYY)			
			Fire Inspection				
Fire Inspection Certificate No:			Certificate Expiry Date:	(DD/MM/YYYY)			
Prominent Company Marking on	□Yes		• •				
Vehicle side provided?	☐ No: Pls explain wh	ıy:		_			
Vehicle GHS / Storage /	□Yes						
Transportation Label Provided?	☐ No: Pls explain wh	ıy:					
Please tick the following provisions of	f on-board vehicle iter	m:					
☐ Fire Extinguisher	□St	oill Kit					
☐ Jerry Can w/water (20 litres) for gen			t for cleaning and neutralisir	ng spill			
☐ Anti-Drip Cap for Fuel Nozzle	=	Prip Tray / Mat					
If items are not provided, please expla	ain why:						
Vehicle GHS / Storage / Transportation	n Label Picture:	Vehicle Prominent Company Marking Picture:					
			Vahiaulau Calauu Dhata ta aa hau	00 40 40			
Label Colour Photo to go here OR t			Vehicular Colour Photo to go here attach separately as part of this a				
separately as part of this app	incution.						
(portrait orientation)		(portrait orientation)					
I hereby declare that the information give in the Civil Aviation Authority of Singapore							
	, 5 1, 7	1	-				
Name of Applicant & Designation		Signature 0	f Applicant & Date				

NOTE: The following documents (approved by authorities where applicable) must be provided in support of this application:

- Soft Copy of GHS / Storage / Transport/ Company Label Picture
- Copy of PE Endorsed Test Report i.e. Hydrostatic (5 years), Radiographic (10 years) or equivalent test report whichever applicable.
- Soft Copy of Road Worthiness Certificate & Vehicle Log Card
- Soft Copy of Fire Safety Inspection Test Certificate



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Supporting "Form A" S/N:

Supporting "Form B" S/N:

FORM C: <u>OPERA</u>	ATOR BUSINESS INFO	DRMATION (to be filled	<u>up by Mobile Bowse</u>	<u>r Company) </u>
Mobile Bowser Trans	sport Vehicle Compa	iny Name:		
		,		
Mobile Bowser Trans	sport Vehicle Compa	nv Address:		
	port romore compa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Mobile Bowser Trans	sport Vehicle Compa	ny Business Registratio	n Number:	
		((
Date of Application:		(DD/MM/YYYY)		
Person-In-Charge Na	me:		NRIC / FIN / WP:	
Designation:			Dept / Division:	
Contact Number:			Email Address:	
Is your company of	perating business	\square YES (Please fill up support	ing company "A" informatio	n with your company info to self-sponsor)
address within CAC?		□NO		
I require access into	Changi Airfreight Cent	re to support the operation	ons of the following hu	sinesses / partners / operations:
		where applicable & to use add		
. , ,				, , , , , , , , , , , , , , , , , , ,
	<u>Sen</u>	f-Sponsor / Sponsoring	<u>company - A</u>	
Company Name:				On behalf of my company, I support the
				application of the aforementioned mobile bowser company to access CAC.
Address:				. ,
Person-in-charge:				
Designation:				
Hp Number:				Signature & Company Seal
	Supp	orting Company "B" (w	here applicable)	
	<u> </u>	the state of the s		On behalf of my company, I support the
Company Name:				application of the aforementioned
Address:				mobile bowser company to access CAC.
Address:				
Person-in-charge:				
Designation:				
Hp Number:				Signature & Company Seal
·			L	Signature & Company Sear
	<u>Supp</u>	orting Company "C" (w	<u>nere applicable)</u>	
Company Name:				On behalf of my company, I support the application of the aforementioned
				mobile bowser company to access CAC.
Address:				
Person-in-charge:				
Designation:				
Hp Number:				Signature & Company Seal
	Supp	orting Company "D" (w	here applicable)	
Company Name:				On behalf of my company, I support the
Company Name.				application of the aforementioned
Address:				mobile bowser company to access CAC.
Person-in-charge:				
Designation:				
Hp Number:				Signature & Company Seal



FOR OFF	ICIAL	USE	ONLY:	
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Validity Period:

Serial No:

Supporting "Form A" S/N:

Supporting "Form B" S/N:

FORM C:	OPERATOR BUSINESS INFORMATION	(to be	filled u	<u>p b</u>	v Red	uestino	Com	<u>pany</u>	<u>') </u>

PART 2

I confirm that I own a total number of Mobile Bowsers & only number(s) of Mobile Bowsers will be entering Changi Air freight Centre to support firms as aforementioned in Part 1 at any point in time.									
Acces	s Days, Timing	and Location / Destination:							
Note:	Pls tick options -	To only select up to 1 full day slot or 1	x half day slot	s per supporting company provi	ded in overl	eaf.)			
S/N	Day: (only tick once)	Time: (may tick both)	Location / I	Destination:		rting Firm af: (may tic			
	□ Mon		☐ CAB D, E	☐ CAB C, Megaplex					
1	☐ Tues	\square A.M. (Within 0800 – 1300 hrs)			□ "A"	□ "B"	□ "C"	□ "D"	
	□ Wed		Others:						
	☐ Thu	D.M. ()	☐ CAB D, E	☐ CAB C, Megaplex		- "D"	- "c"	_ // D.//	
	□ Fri□ Sat	☐ P.M. (Within 1400 – 1900 hrs)	☐ Others:		□ "A"	□ "B"	□ "C"	□ "D"	
	□ Sat		☐ CAB D, E	☐ CAB C, Megaplex					
	☐ Tues	☐ A.M. (Within 0800 – 1300 hrs)	CAD D, L	- CAD C, Megapiex	□ "A"	□ "B"	□ "C"	□ "D"	
	□ Wed		☐ Others:						
2	□ Thu		☐ CAB D, E	☐ CAB C, Megaplex					
	□ Fri	☐ P.M. (Within 1400 – 1900 hrs)			□ "A"	□ " B"	□ "C"	□ "D"	
	☐ Sat		☐ Others: _						
	☐ Mon		☐ CAB D, E	☐ CAB C, Megaplex					
	☐ Tues	☐ A.M. (Within 0800 – 1300 hrs)			□ "A"	□ "B"	□ "C"	□ "D"	
3	□ Wed		Others:						
	☐ Thu	□ D.M. (Within 4400, 4000 has)	☐ CAB D, E	☐ CAB C, Megaplex	□ "A"	□ "B"	□ "C"	□ "D"	
	□ Fri□ Sat	☐ P.M. (Within 1400 – 1900 hrs)	☐ Others:			⊔В		ט ט	
	☐ Mon		☐ CAB D, E	☐ CAB C, Megaplex					
	☐ Tues	☐ A.M. (Within 0800 – 1300 hrs)		- CAB C, Wiegapiek	□ "A"	□ "B"	□ "C"	□ "D"	
_	□ Wed		☐ Others: _						
4	☐ Thu		□ CAB D, E	☐ CAB C, Megaplex					
	□ Fri	☐ P.M. (Within 1400 – 1900 hrs)			□ "A"	□ "B"	□ "C"	□ "D"	
	☐ Sat		Others:						
	□ Mon		☐ CAB D, E	☐ CAB C, Megaplex	_ "	- "- "	_ "-"	- "- "	
	☐ Tues	☐ A.M. (Within 0800 – 1300 hrs)	□ Oth		□ "A"	□ "B"	⊔ "C"	□ "D"	
5	□ Wed□ Thu		☐ Others: ☐ CAB D, E	☐ CAB C, Megaplex					
	□ Inu □ Fri	☐ P.M. (Within 1400 – 1900 hrs)	□ CAB D, E	□ CAB C, Megapiex	□ "A"	□ "B"	□ " C "	□ "D"	
	□ Sat	1 .1VI. (WILIIII 1400 – 1300 III3)	☐ Others:						
	□ Mon		☐ CAB D, E	☐ CAB C, Megaplex					
	☐ Tues	☐ A.M. (Within 0800 – 1300 hrs)	·		□ "A"	□ "B"	□ "C"	□ "D"	
6	□ Wed		☐ Others: _						
0	☐ Thu		☐ CAB D, E	☐ CAB C, Megaplex					
	☐ Fri	☐ P.M. (Within 1400 – 1900 hrs)			□ "A"	□ "B"	□ "C"	□ "D"	
	☐ Sat ☐ Others:								
I hereby declare that the information given by me for "Form C" is true in all respects. I also agree to abide by the conditions stated in the Civil Aviation Authority of Singapore (Changi Airport) By-Laws 2009 and any amendments issued from time to time. I understand and agree that non-compliance to the declared schedule or operating area shall result in the retraction of access privileges to my staff, mobile bowsers and company into CAC immediately.									
Name	of Applicant &	Designation		Signature of Applicant & Da	ate				

NOTE: The following documents (approved by authorities) must be provided in support of this application:

- Soft Copy of Valid SCDF Transportation Licence
- Soft Copy of approved Transportation Emergency Response Plan (TERP)
- Additional CAC Risk Assessment Docs, where necessary
- Soft Copy of Quantified Risk Assessment, where applicable



		ONLY

Validity Period:	
Serial No:	
Supporting "Form A" S/N:	
Supporting "Form B" S/N:	

FORM D:

LETTER OF INDEMNITY

WHE	REAS IN	CONSID	DERATION of t	he CHANGI AI	RPORT GR	OUP (SIN	NGAPORE)	PTE LTD	(hereinafte	r referre	d to as
"CAG") granting their consent to using or occup								g or occupyi	ng the d	lemised	
prem	ises at _					at	the Chang	i Airfreigh	t Centre, to	carry ou	t works
at	or	on	demised	premises,	I/We,	for	and	on	behalf	of	M/s
							a Compar	ny register	ed in Singa	pore and	having
its re	gistered	laddress	s at						naving its pr	rincipal p	lace of
busin	ess at					here	by agree a	and under	take to ind	emnify tl	he CAG
from	and aga	inst all cl	laims, injuries,	losses, demand	s, actions,	suits, pro	ceedings, o	costs, and	expenses w	hatsoeve	r which
may	be taker	n or mad	le against the	CAG, or incurre	d or becor	ne payab	le by the (CAG in res	spect of any	injury (v	vhether
fatal	or other	wise) to	any person or	in respect of an	y damages	or loss to	o any prop	erty of an	y person wh	ich may	arise as
a res	ult of th	e Opera	tor's act, omis	sion or default	at any tim	e, in the	employme	ent or in t	the course o	of, or dur	ing the
progr	ess of w	orks, or	arising out of c	or by reason of t	he grant o	f the said	consent fo	or the carr	ying out of t	he said w	vorks at
or on	the den	nised pre	emises for 1 yea	ar from		_ to		·			
Date	d this		day of		20	·					
Name	e of Ope	rator									
	nation:	rator.			<u> </u>						
_	nd behal	lf of:									
101 0	na bena					Signatu	re of Oper	ator			
NRIC	No:					Jigitata	ic or oper	ato.			
Addre											
In the	presenc	ce of									
(CAC	Sponsor	person)	:						-		
						Signatu	re of Spon	sor			
Desig	nation:										
Spon	sor Com	pany:									
Date:											

NOTE:

The following terms of reference are as defined:

- "Operator" refers to the mobile bowser operator company.
- "CAC Sponsor" refers to a company residing within CAC as a tenant, ground handling agent or integrators.