

- PERMANENT TRANSIT PERMIT/ PASS
- TEMPORARY TRANSIT PERMIT / PASS FOR TIME _____
- TRANSIT PERMIT FOR VEHICLE (REGISTRATION NUMBER) _____

Reason for the need of the transit permit/pass :

Forename _____ Surname _____

Company _____

Address _____

Phone _____ Email _____

I assure that the information given above is right and valid. When conveying in the port area, I commit to follow the port instructions and port authority regulations. Admitted permit is personal and identify will be checked when permit is admitted. The Port of Pietarsaari has the right to cancel transit permit /pass.

When working and moving within the port area, CE-marked, visible clothing, helmet and safety shoes are required.

I agree, that my personal data can be processed, when granting the transit permit/pass.

Contents of processing the personal data, and the rights of the registered person can be found from register description www.portofpietarsaari.fi

Place _____ Date ____/____/____

Signature _____

Signed application will be delivered to the Port of Pietarsaari .