*Operational requirement letters must be on company letterhead, recently dated & signed.*

***Company Name***

***Address***

***Contact phone***

***A B N #***

Date

Fremantle Ports

1 Cliff St

Fremantle WA 6160

Attn: MSIC Office

MSIC APPLICAtion - confirmation of operational need

***<---***  *Insert applicant’s name here*

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is to confirm that the above-named person is employed by us and we require them to have **unmonitored access to a Maritime Security Zone** at least once each year for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***<---*** *Insert specific job requirement here*

*Will the applicant need to access Fremantle Ports controlled berths?*

* *North Quay Berths 1 & 2*
* *North Quay Berths 11 & 12*
* *Victoria Quay*
* *KBT*
* *KBJ*

*If YES, include the below statement:*

**The applicant is also required to have access to Fremantle Ports controlled berths.**

Please charge the company / applicant for this application.

We authorise payment for a **2** / **4** year MSIC.

***<---*** *credit card / invoice*

Payment to be made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Invoice*

*- Must have an account with Fremantle Ports*

*- Please provide PO*

*Credit Card*

*- Payment can be made over the phone*

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

Name

Position / Title