

**APPLICATION
FOR THE ISSUE OF A TEMPORARY VEHICLE PASS
OF THE VILNIUS AIRPORT**

This application shall be fully (correctly) completed and submitted to the Pass office of the State Enterprise Lithuanian Airport Vilnius Branch (hereinafter referred to as VNO). In case VNO refuses to issue a permanent personal pass of access to VNO areas, you will be notified thereof.

For more information on the completion of application or issue of passes, please contact VNO Pass office by phone (8 5) 2739390 or e-mail leidimai@vno.lt

**I. I hereby apply for the issue of a temporary vehicle pass
for the following vehicle:**

Make (block capitals)	
Model (block capitals)	
Vehicle registration plate number	
Vehicle driver (name, surname)	
Vehicle ownership (owner)	
Vehicle will be escorted by	

to access VNO areas specified below

A	L	B
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(cross out the unnecessary ones)

Date from/...../20....	Date to/...../20....
Time fromhour.....min	Time tohour.....min

(A temporary vehicle pass shall be issued for a period not exceeding 24 hours)

Motives for obtaining a pass:

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.....

1. I hereby confirm that a temporary vehicle pass is required for a vehicle to access the specified VNO areas for the purposes of work.

2. I hereby guarantee that the pass will be returned to VNO Pass office upon expiry of a temporary vehicle pass.

3. I hereby assure that in the event of a loss, theft or a failure to return this pass, VNO Pass office will be immediately notified thereof.

4. I hereby assure that all drivers of the vehicle are aware that a temporary vehicle pass shall only be valid if attached to a visible place of the vehicle; in case the afore-mentioned requirement is not met, the persons responsible for compliance with the established order can be subject to a penalty for the breach of a security requirements.

5. I hereby confirm that all the details provided by me for the issue of a temporary vehicle pass are correct.

.....

(name of a company/institution, position)

.....

(name, surname, signature, date)

II. DETAILS OF A TEMPORARY VEHICLE PASS (to be completed by the employee of VNO Pass office)	
Application for the issue of a pass received on:-.....-20..... (day) (month) (year)	
Pass number: 5LB-..... Pass issue date: - - 20.....	
Employee of VNO Pass office: (person's name, surname, signature)	

Pass returned on: - - 20.....

Pass was returned by:
(person's name, surname, signature)