

Application for KFTZ Vehicle Access Permit (Limited Duration)

Date: (day) (month) (year)

Driver (name)

Sex

ROC ID No.

(or passport / travel document no.)

Date of Birth

(yyyy-mm-dd)

Job Title

Address

Purpose

Requested Date of Validity

VEHICLE Make & Model

License No.

Recommendation

Permit Serial No.

- Please Note -

Fields below double line to be completed by reviewing authority

Note: Please submit with this application one copy each of: 1) driver's license; 2) vehicle license; 3) KFTZ Entry/Exit Permit; and 4) ROC ID (or passport / travel documents).

Applicant Company (company chop):

Authorizing Signature (or chop):

Signature (or chop) of applicant: Tel: \_\_\_\_\_