European Security Transport Association

Application form

**Effective and Associate Members**

**Confidential**

**A. General information on your company**

A/1. Name of company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/2. VAT number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/3. Established \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/4. Address of headquarters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/5. List your branches, if any:

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A/6. Members of the Management:

 Name Occupation or function

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

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 Please attach the curriculum vitae of the Managing Director and General Manager.

Name & contact details of person(s) responsible for day-to-day business:

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 Name & contact or person(s) responsible for security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 In case you become an ESTA member, who would liaise with ESTA?

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A/7. Ownership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A/8. Share capital: nominal:

 subscribed:

 paid-up:

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A/9. Turnover of the last five years:

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 Please attach the financial statements of the last three years.

A/10. Who are your main customers?

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A/11. List the names of two Effective ESTA Members, one of them being affiliated to a Group, who are prepared to sponsor your company. Letters of sponsorship would be appreciated.

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**B. Personnel**

B/1. Do your personnel and/or management need to be licensed and vetted by national authorities? [ ] YES [ ] NO

B/2. Do you use an admission form? [ ] YES [ ] NO (if yes, please enclose two copies)

B/3. Please indicate the age limits for an employment as a driver, crew, etc.

 Over \_\_\_\_\_\_\_\_\_ years. Under \_\_\_\_\_\_\_\_\_\_ years.

B/4/1. Retiring age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B/4/2. Do your personnel have to pass a medical entry examination?

 [ ] YES [ ] NO (if yes, please enclose 2 copies of the form used)

B/4/3. Do you use tests for selection? [ ] YES [ ] NO

 If yes, which ones? (Please give details)

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B/5. Please describe your methods and means used to monitor the work of the personnel:

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B/6. Do your operational personnel wear a uniform? [ ] YES [ ] NO

 Please give some details and/or attach photographs.

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B/7. Do your personnel carry fire arms [ ] YES [ ] NO

 If not, do you issue them with other defensive means, e.g. gas, sprays,

 Bullet proof vests, helmets? Please state which:

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B/8. Is the provision and wearing of bullet proof vests a legal requirement of your

 Government? [ ] YES [ ] NO

**C. Government bodies / Membership of associations**

C/1. Do you co-operate with the authorities in your country, e.g. with the Police,

 Fire Brigade, etc.? Please describe.

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C/2. Is a national authorization necessary to operate a security transport company?

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 Please attach a copy of this authorization.

C/3. Of which professional associations are you a member?

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**D. Technical and security information**

D/1. Since when have you operated with a minimum of four vehicles? \_\_\_\_\_\_\_\_\_\_\_

D/2. Number of fully armoured vehicles \_\_\_\_\_\_\_\_\_\_\_\_

D/3 Number of non-armoured vehicles\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D3/2 If non-armoured vehicles are used, please describe the methods of protection for the crew and valuables:

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D/4. Please state number of crews per vehicle, if this varies please state the requirements when using fewer than 3 men (limitation of values, no transfer across the pavement)

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D/3. Do you use electronic methods of tracking / tracing, bar coding / scanning

 or any other system ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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D/4. Do you use radio control or any other communication methods?

 [ ] YES [ ] NO

 If other, please describe:

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D/5. What do you use to mitigate across pavement risks? (technical

 or organisational, reduction in limits of values, etc.)

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D/6. Does your company operate other security activities such as alarm stations, industrial security, guard services, retail and real estate security, etc?

 Please give details.

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D/7. Are you engaged in cash management/processing and how many cash centres do you operate?

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D/8 ATMs: How many ATMs are you servicing and what range of services are you delivering?

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**E. Insurance; Loss record**

E/1. Are you covered by an all-risk insurance? If yes, please attach a copy of your insurance certificate.

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E/2. What is your loss record over the past two years (main losses) in EUR:

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**F. Please include other information which might be of interest to ESTA and also state**

**areas where you can contribute to the common cause of ESTA :**

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 Date and Signature:

 P.S. Please feel free to attach papers answering points for which not enough space is

 provided.