



SABRE NATIVE/INTERACT DCS USER ACCESS APPLICATION FORM

Applicant Details:

FULL NAME: _____	STAFF NO: _____	STATION: _____
DESIGNATION: _____		CONTACT: _____
OAC/Office IATA NUMBER: _____		

Please tick appropriate box:

<input type="checkbox"/> NEW USER	<input type="checkbox"/> EXISTING USER	<input type="checkbox"/> DUTY TRANSFER USER
--	---	--

Sabre PSS Application Details

(a) <input type="checkbox"/> SNTE	<input type="checkbox"/> INTERACT RES	<input type="checkbox"/> INTERACT AIRPORT
--	--	--

(b) DUTY CODES: _____

(c) KEYWORDS: _____

(d) SECURITY COMPOSITE RECORD (SCR) _____ (OPTIONAL)

Training/Qualification Details

(e) SABRE COMPETENCY LEVEL

<input type="checkbox"/> RES TRAINING COMPLETED	<input type="checkbox"/> TICKETING TRAINING COMPLETED
<input type="checkbox"/> CHECK-IN TRAINING COMPLETED	<input type="checkbox"/> SUPERVISED ON THE JOB TRAINING COMPLETED
<input type="checkbox"/> LOAD CONTROL TRAINING COMPLETE	

Department Manager

<input type="checkbox"/>	Applicant meets minimum requirement applicable to the requested access level
<input type="checkbox"/>	Qualification and training are true and correct
<input type="checkbox"/>	Applicant is competent to execute his/her responsibilities in accordance with Section 10.18 of the Airport Services Manual

Applicant: _____ (signature) Date: _____

Authorized Trainer: _____ (signature) _____ (name)

Verified by: _____ (signature) _____ (name)

General Manager Ground Operations: _____ (signature) _____ (name)

Office use only	
USER ID: _____	SINE: _____
FN Code: _____	Accounting Code: _____
SABRE SIGNATURE: _____	
Lodgement Date: _____	Action Officer: _____