



SABRE NATIVE/INTERACT RES USER ACCESS APPLICATION FORM

Applicant Details:

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

Please tick appropriate box:

NEW USER
 EXISTING USER
 DUTY TRANSFER USER

Sabre PSS Application Details

(a) SNTE
 INTERACT RES
 INTERACT AIRPORT

(b) DUTY CODES: _____
 (c) KEYWORDS: _____
 (d) SECURITY COMPOSITE RECORD (SCR) _____ (OPTIONAL)

Training/Qualification Details

(e) SABRE COMPETENCY LEVEL

RES TRAINING COMPLETED
 TICKETING TRAINING COMPLETED
 CHECK-IN TRAINING COMPLETED
 SUPERVISED ON THE JOB TRAINING COMPLETED
 LOAD CONTROL TRAINING COMPLETE

Department Manager

Applicant meets minimum requirement applicable to the requested access level
 Qualification and training are true and correct
 Applicant is competent to execute his/her responsibilities

Applicant: _____ Date: _____
(signature)

Authorized Trainer: _____ Date: _____
(signature) (name)

Verified by Sales Management: _____ (signature) _____ (name) *(Transfers only)*

Approved General Manager Commercial: _____ (signature) _____ (name)

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