



CURFEW PASS REQUEST FORM

Date of Application: _____ Business/Agency: _____

Business/Agency Address: _____ Business' Phone: _____

Contact Person's Name: _____ Contact Person's Cell Phone: _____

Manager's name: _____ POC Email: _____

ID: Does your business provide employees with identification badges? YES NO

Print Name	Cell Phone # of Employee	Reason for Pass	Position	<i>Official VITEMA Use Only</i> Approve /Disapprove

****VITEMA is authorized to verify information contained in this application for security purposes. ****



CURFEW PASS REQUEST FORM

The Virgin Islands Territorial Emergency Management Agency (VITEMA) is authorized to issue curfew passes to businesses and organizations requiring access to the impacted areas following an emergency event for which a curfew has been imposed by the Governor of the Virgin Islands.

Employers are responsible for the appropriate use of curfew passes issued by VITEMA. Curfew passes are to be used only when a curfew has been imposed and can only be used for work associated with the business to which it has been granted. Employers are also required to immediately return to VITEMA, passes for employees who resign, retire, or are terminated. Employers found to be issuing credentials to non-employees or non-essential employees will be subject to suspension of curfew pass privileges.

**Note* Any person who violates an imposed curfew under Title 23, chapter 19, section 1522(3), Virgin Islands Code, shall be fined not more than \$200 or imprisoned not more than three (3) months, or both.*

A Curfew Pass gives the *bearer only* permission to access impacted areas during the hours of an imposed curfew. It solely permits passage for the individual identified on the curfew pass.

Please note that the Virgin Islands Police Department is authorized to deny any individual, including those holding curfew passes, access to certain areas for safety and security reasons, and is also authorized to confiscate curfew passes when necessary.

Company Name:

Name of Authorized Representative: _____

Title: _____

Company Address: _____

Island: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____



CURFEW PASS REQUEST FORM

Emergency Number: _____ Email: _____

Driver's License Number: _____

Business' Hours of Operation: _____

Curfew Pass Justification: _____

Special Equipment, if any (e.g., backhoe, etc.) _____

Authorized Representative's Signature: _____

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LIABILITY RELEASE FORM

The Liability Release Form is required to receive a curfew pass which permits entry into impacted areas following a disaster event.

The undersigned agrees and does hereby release the Government of the Virgin Islands, the Virgin Islands Territorial Emergency Management Agency, the Virgin Islands Police Department, and their employees, boards or commissions, officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expense, losses, suits, cost, actions, fines, penalties, and liability, whether actual or alleged, arising out of or resulting from injury, sickness, disease, or death to any person or the damage, loss, expense or destruction of any property, including loss of use resulting there from, which may occur, be caused by, or in any way resulting from or connected to the emergency situation or subject storm event and the use of any authorized curfew pass or badge.

The undersigned further agrees to abide by all the rules and regulations promulgated by the above agencies during storm related events or other emergency situations and to law enforcement officers on the field.



CURFEW PASS REQUEST FORM

The undersigned understands that life-threatening obstacles and hazards to life and limb may exist and that public services, including emergency response, may not be available due to the condition that exist in this emergency, and undersigned assumes all the risk, known and unknown, associated with these conditions.

The undersigned further understands and agrees, to the fullest extent permitted by law, to fully protect, defend, indemnify, save and hold harmless the Government of the US Virgin Islands, VITEMA, and the Virgin Islands Police Department, and any of their employees, boards or commissions, districts, officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expense, losses, suits, costs, actions, fines, penalties, and liability, whether actual or alleged, arising out of or resulting from injury, sickness, disease, or death to any person or damage, loss, expense or destruction of any property, including loss of use resulting there from, which may occur, be caused by, or in any way resulting from or connected to assigned curfew passes.

Signature of Authorized Representative/Date _____

Printed Name of Authorized Representative _____

Company/Organization Represented _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email: _____