



Confirmation of individuals being employees of a transport service* and/or guiding service

<Place and date>

*The term Transport service here includes e.g. chauffeurs (drivers) and helicopter pilots

This is an application for access to a restricted area due to seismic activity in Bárðarbunga and volcanic eruption in Holuhraun lava field for the following employees:

Name:	Occupation:	Identification No.:	Mobile phone:

With my signature I confirm that the above-mentioned are my employees.

Name and identification No.

Witness to the signing



The National Commissioner of the Icelandic Police
DEPARTMENT OF CIVIL PROTECTION



**Declaration regarding insurance policies of employees and
reimbursement of rescue costs**

<Place and date>

The undersigned hereby declares that his employees entering into the restricted area of seismic activity in Bárðarbunga and the volcanic eruption in the Holuhraun lava field in accordance with the map enclosed with rules on admission: Have valid insurance to cover bodily harm or damage to health which might occur during their work in the area. The undersigned also declares that the insurance of the respective parties covers the costs that may incur due to their rescue from the restricted area.



The National Commissioner of the Icelandic Police
DEPARTMENT OF CIVIL PROTECTION



Declaration from employee due to access to restricted area of seismic activity in Bárðarbunga and volcanic eruption in Holuhraun lava field

<Place and date>

I, the undersigned employee of the company _____ hereby declare, that I am aware of the hazards in the restricted area in accordance with the currently valid hazard assessment. I am also aware that circumstances for rescue operations may be extremely difficult. With my signature I waive all entitlement to claims on the Treasury due to bodily harm or damage to health which I may experience during my work within the restricted area.

Name and identification No

Certified signature of employee

Certified signature of employee