

TravelPass





 TTravelPass is an online portal where nationals and non-nationals can acquire authorization before travelling to Trinidad and Tobago.





• All persons entering Trinidad and Tobago must have a **TTravel Pass**.





 Travelers who successfully complete the application process will be automatically granted a TTravel Pass.





The TTravel Pass can be printed or saved on a mobile device. It will be used to board the flight and to gain entry into Trinidad and Tobago.





TTravelPass WHAT DO YOU NEED TO APPLY?

Passport Information

Negative PCR

(NASOPHARYNGEAL) Test results from a test taken no earlier than 72 hours before arrival.

Vaccination Card or certificate for Fully Vaccinated **Passengers**



TTravelPass WHAT DO YOU NEED TO APPLY?

Confirmation of paid State supervised Accommodation.

(For UNVACCINATED/ **PARTIALLY** vaccinated passengers or groups only)

Itinerary Example: Airline and Flight number

Health Information

(COVID-19 and infectious disease related)



HOW DO I ACCESS THE TTRAVEL PASS GATEWAY?



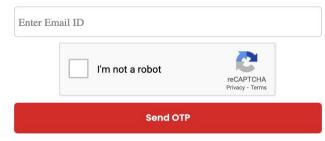
HOW DO I ACCESS THE TTRAVEL PASS GATEWAY?

www.TTravelPass.gov.tt

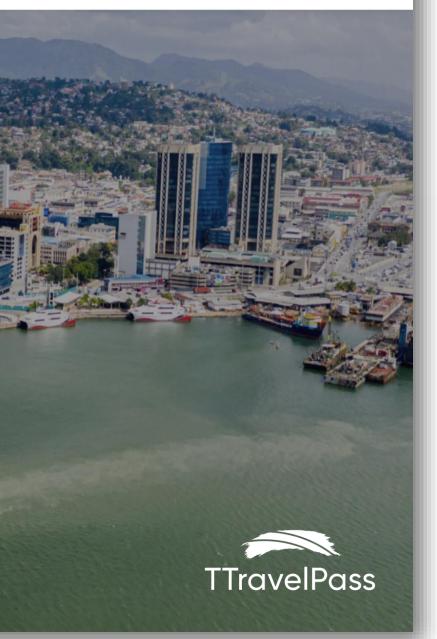




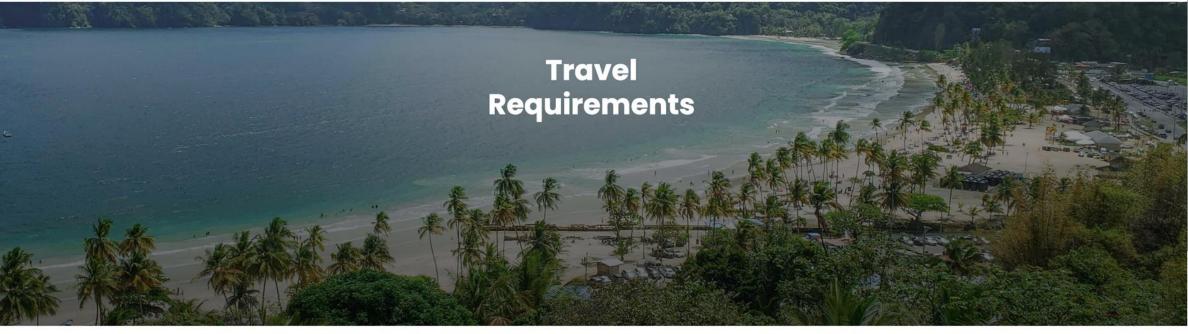
Apply for TTravel Pass to enter Trinidad & Tobago



One time password (OTP) will be sent to your email id







NATIONALS NON-NATIONALS

Please select your Vaccination Status

Fully Vaccinated Non-Vaccinated

Fully vaccinated Nationals (Citizen or Permanent Resident) will be required to upload their vaccination card as proof that they are fully vaccinated. Travellers are considered fully vaccinated for COVID-19, 14 days after they have received the full dosage of a WHO approved vaccine: that is: 14 days after they have received the second dose in a 2-dose series or 14 days after they have received a single-dose vaccine.





NATIONALS

NON-NATIONALS

Please select your Vaccination Status

Fully Vaccinated Non-Vaccinated

Please note that you must have proof of a negative PCR test, no older than 72hrs to complete the application process. You will be asked to enter the confirmation number and a copy of the receipt during your application process.

Unvaccinated /partially vaccinated Nationals (Citizen or Permanent Resident) of Trinidad and Tobago will be required to enter into a mandatory 14 day quarantine at an approved state supervised hotel, at their expense. Before beginning the application process, travellers MUST have proof of confirmed accommodation at an approved state supervised quarantine hotel. Proof of confirmation for authorised accommodation is required

2. If there is no approved, state-supervised accommodation available, an unvaccinated / partially vaccinated passenger will NOT be granted a T&T Travel Pass.

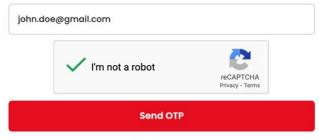




FAQ



Apply for TTravel Pass to enter Trinidad & Tobago



One time password (OTP) will be sent to your email id







Apply for TTravel Pass to enter Trinidad & Tobago

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Please enter your One Time Password (OTP) which was sent via email to
Your OTP will expire in 587 seconds

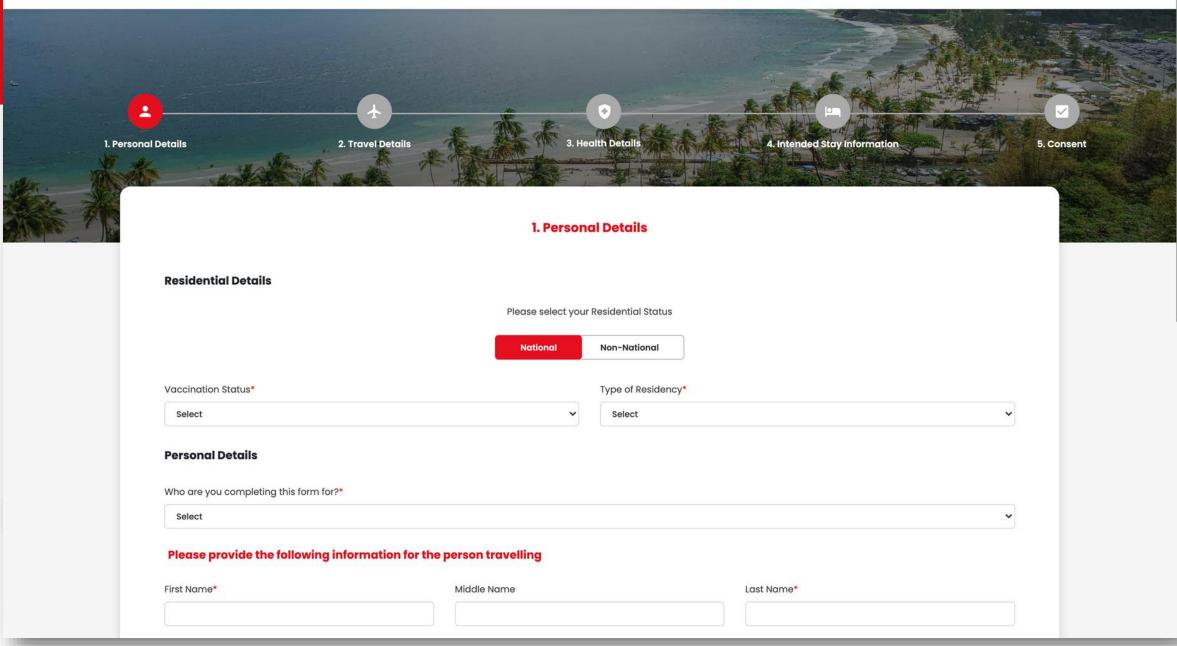
Verify















5. Consent



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2. Travel Details

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4. State Supervised Quarantine

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Travel Details

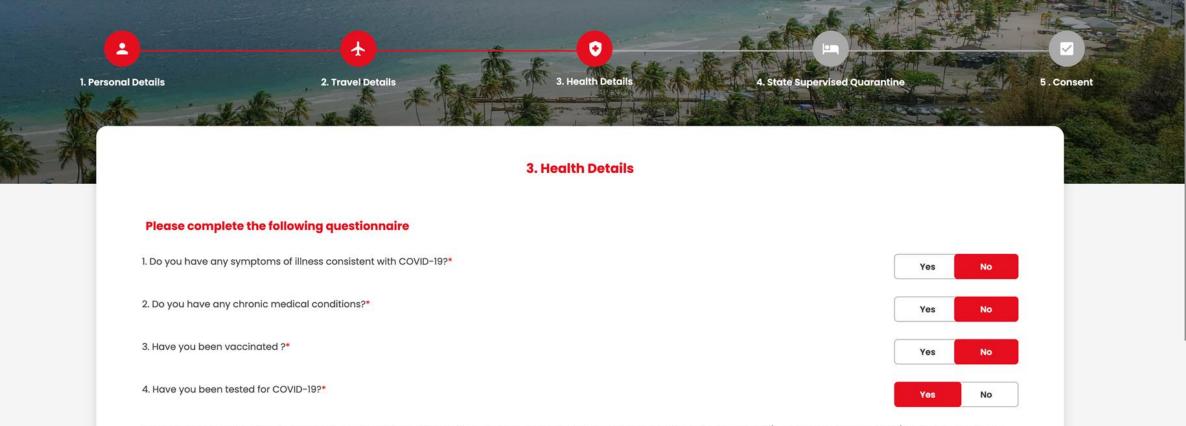
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2. Travel Details

ravel Document Type*		Travel document number*	Country of Issue (As it appears on your Travel document)*
Passport - Ordinary	~	TB123456	Trinidad And Tobago
pate of Issue*			
08-06-2019			
Country Traveling from*		State	City*
United States	~	Georgia	Atlanta
ort of Arrival*		Airline*	Flight Number (Arriving at Trinidad and Tobago)*
Piarco International Airport	~	Caribbean Airlines	BW 486 🗸







In order to approve your travel to the Trinidad and Tobago, the health authorities require that you get tested for COVID-19 using a PCR (polymerase chain reaction) test and upload your test results certificate. Children 5 - 9 must have an oropharyngeal swab test.

The test must be conducted within 72 Hours of your intended date of travel. Test older than 72 Hours will not be accepted.. Please note that the certificate must contain the following:

- Your name and date of birth
- Name, address and contact number of the testing laboratory
- Date the sample was taken for the test
- Type of COVID-19 test conducted @ (only PCR tests are acceptable)
- Test result

Country*

State*

City*





4. Have you been tested for COVID-19?*

	Yes	No
e using a PCR (polymerase chain re	action) test and up	oload your
Please note that the certificate m	ust contain the foll	owing:

In order to approve your travel to the Trinidad and Tobago, the health authorities require that you get tested for COVID-19 test results certificate. Children 5 - 9 must have an oropharyngeal swab test. The test must be conducted within 72 Hours of your intended date of travel. Test older than 72 Hours will not be accepted.

- Your name and date of birth
- Name, address and contact number of the testing laboratory
- Date the sample was taken for the test
- Type of COVID-19 test conducted @ (only PCR tests are acceptable)
- Test result

Country*	State*		City*		
United States	Georgia		Atlanta		
When Were You Tested*		Upload Negative Test Result*			
13-07-2021		PCR RESULTS.docx		Browse	
		Note : Maximum file size 3 MB and P	DF,DOC,JPG,PNG and GIF files are only allowed		
I confirm that I understand that a COVID-19 PCR test taken within 72 Hours of travel, with a negative result, is a requirement for entry to the Trinidad and Tobago. In the unlikely event that I arrive in the Trinidad and Tobago without having met the pre-travel testing requirement I hereby give my consent to be tested in the Trinidad and Tobago after arrival at my cost.*					
5. Have you been in a health care facility that cares for persons who may have COVID-19 within the last fourteen days?*		No			
6. Did you provide care for patients with COVID-19 within the I	ast fourteen days?*		Yes	No	
7. Have you knowingly been in contact or close proximity with suspected to have COVID-19?*	anyone confirmed to have tested	d positive for COVID-19 or	Yes	No	



4. Have you been tested for COVID-19?*



Yes No

In order to approve your travel to the Trinidad and Tobago, the health authorities require that you get tested for COVID-19 using a PCR (polymerase chain reaction) test and upload your test results certificate. Children 5 - 9 must have an oropharyngeal swab test.

*

The test must be conducted within 72 Hours of your intended date of travel. Test older than 72 Hours will not be accepted.. Please note that the certificate must contain the following:

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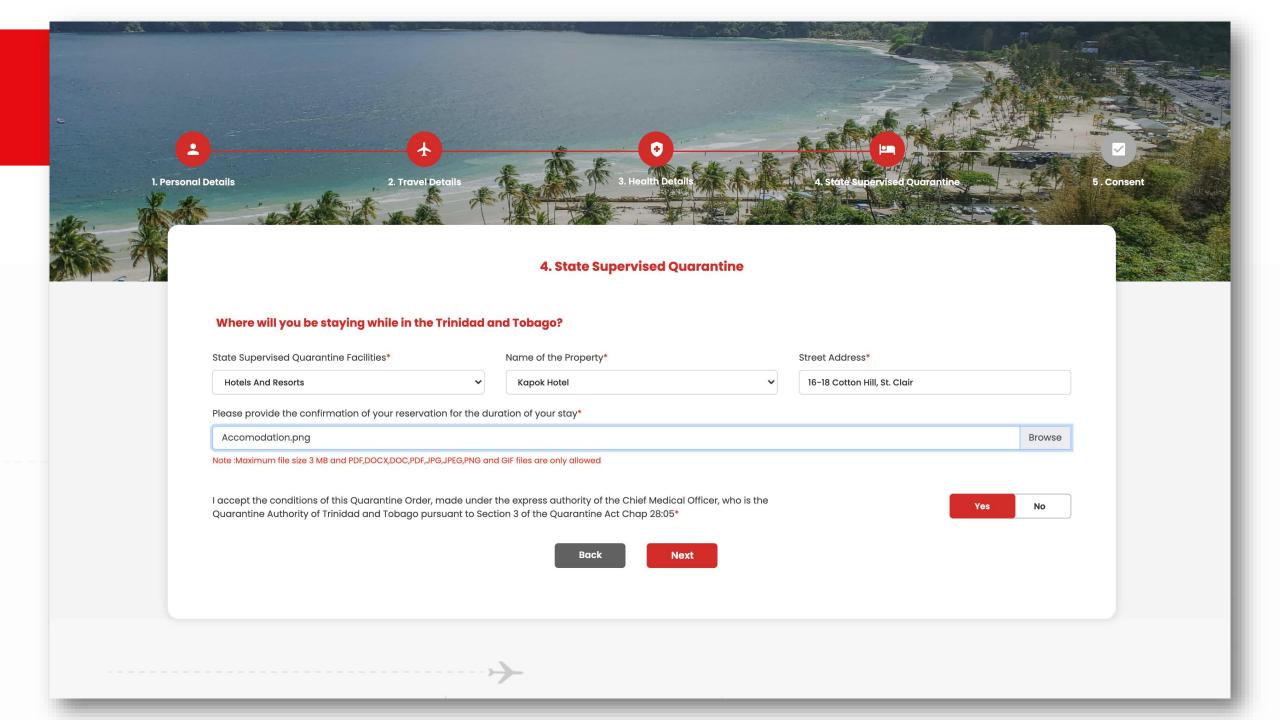
Note

- Date the sample was taken for the test
- Type of COVID-19 test conducted @ (only PCR

Test result			
Country*	Please note that it is a criminal offence to upload or present false documentation (such as blank paper, vaccination records, or	*	
United States	COVID-19 test certificates). If charged and found guilty, you may	lanta	
When Were You Tested*	be subjected to a penalty of three hundred and fifty thousand Trinidad & Tobago dollars (\$350,000) and one year in jail on summary conviction.		
13-07-2021			Browse
		,JPG,PNG and GIF files are only allowed	
,	Accept kely even	Yes	No
5. Have you been in a health care facility that c	ares for persons who may have COVID-19 within the last fourteen days?*	Yes	No
6. Did you provide care for patients with COVID	-19 within the last fourteen days?*	Yes	No
7. Have you knowingly been in contact or close suspected to have COVID-19?*	proximity with anyone confirmed to have tested positive for COVID-19 or	Yes	No

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5. Consent Details

CONSENT, CONFIRMATION OF UNDERSTANDING AND CONSENT FOR COVID-19 HEALTH SCREENING AND RISK ASSESSMENT REQUIREMENTS

Each section below contains a box which must be ticked to confirm consent, confirmation and understanding of the relevant matter. Failure to tick any box means access to the Republic of Trinidad and Tobago WILL NOT be granted.

This condition applies to the adult completing the form on their own behalf and on behalf of a minor under their care.

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ON ARRIVAL IN TRINIDAD AND TOBAGO:

- <u>I UNDERSTAND</u> that on arrival in the Republic of Trinidad and Tobago, I will be required to undergo a screening assessment at the port of entry, by a Health Officer designated by the Chief Medical Officer of Trinidad and Tobago. I GIVE MY IRREVOCABLE CONSENT FOR THIS.
- I ALSO UNDERSTAND that the screening assessment will include checking my temperature, validation of my PCR results and vaccination certificate if applicable and an interview by a Health Officer. I GIVE MY IRREVOCABLE CONSENT FOR THIS.
- I UNDERSTAND (and I GIVE MY IRREVOCABLE CONSENT THAT):

2. Travel Detail

- if not fully vaccinated:
 - I will be subject to specific protocols at the airport on my arrival as determined by the Chief Medical Officer that will prohibit me from all duty-free shopping.
 - I will be placed at an approved state-supervised quarantine facility at my expense, for a minimum period of 14 days from the date of arrival;
 - I will be required to undergo a further PCR Test on Day 7 of the quarantine period. If this test is negative, I will still be required to complete my 14 day

5. Consent

AT ANY TIME WHILE AM IN THE REPUE Signature Here

- <u>I I CONFIRM</u> that I will await any PCR Test rest
- IUNDERSTAND that If any PCR Test result is p designated approved public health officer.1(
- <u>IUNDERSTAND</u> that if at any time I become sy in isolation as determined by the Chief Medi facility as determined by the Chief Medical (
- <u>I CONFIRM</u> that I shall adhere to all laws, order by way of example, washing and sanitization
- <u>ICONSENT</u> to the use of any data about me v Trinidad and Tobago for the purposes of:
 - Assessing my health in relation to r.



n as directed by the Chief Medical Officer or

RREVOCABLE CONSENT FOR THIS.

×

Clear

required to take a PCR Test and then await the result ult is positive, I will be transported for treatment to a

l of COVID-19 that are in effect in the Republic (such as,

) and any branch of the Government of the Republic of

- Protecting the public in relation to risks of COVID-19 infection; (known as "COVID-19 Data").
- I CONSENT to the transfer of COVID-19 Data by and between different entities of the Government of the Republic of Trinidad and Tobago and the Airports Authority of Trinidad and Tobago (AATT) for:

Add Signature

- Assessing my health in relation to risks of COVID-19 infection;
- Protecting the public in relation to risks of COVID-19 infection.

GENERAL DECLARATION BY TRAVELLER

I agree to comply with the laws, orders, regulations, measures and protocols of the Republic of Trinidad and Tobago.

I have read and understood the information outlined in this form and solemnly and sincerely declare that the consents, confirmations and undertakings that I have furnished in this form are true and accurate.

Signature*

*Click on the signature box to open a window. Use your stylus, mouse or your finger to sign your name.



Yes No



*





Yes

Yes

Se [

No

No

• I I CONFIRM that I will await any PCR Test rest	Thank You *	RREVOCABLE CONSENT FOR THIS.
• IUNDERSTAND that If any PCR Test result is p		n as directed by the Chief Medical Officer or
designated approved public health officer. <u>I (</u>	Thank you for submitting your application for entry into Trinidad	
 <u>I UNDERSTAND</u> that if at any time I become sy 	and Tobago. Your application will be processed, and you will be	required to take a PCR Test and then await the result
in isolation as determined by the Chief Medi	notified about the status of your application by email or by	ult is positive, I will be transported for treatment to a
facility as determined by the Chief Medical (logging into your account via this website. If we require any further information to process your application, we will contact	
 I CONFIRM that I shall adhere to all laws, order 	you via your registered email.	l of COVID-19 that are in effect in the Republic (such as,
by way of example, washing and sanitization	Please save your application reference number:	
 I CONSENT to the use of any data about me v) and any branch of the Government of the Republic of
Trinidad and Tobago for the purposes of:	KDUVXXWRF7EG	
Assessing my health in relation to		
Protecting the public in relation to	Continue	
	y and between amerent entities of the Government of the Republic of Trini	dad and Tobago and the Airports Authority of Trinidad
and Tobago (AATT) for:		
Assessing my health in relation to r	isks of COVID-19 infection;	
 Protecting the public in relation to r 	isks of COVID-19 infection.	
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TRAVEL AUTHORISATION FOR THE REPUBLIC OF TRINIDAD AND TOBAGO

JOHN DOE APPROVED - NOT VACCINATED Valid Untill 16 Jul 2021 Name john Doe Date Of Birth 1980-09-07 Passport Number 1980-09-07 PCR Results/Date TB123456 PCR Results/Date Negative / 13 Jul 2021 Quarantine Location Not Required

TERMS AND CONDITIONS OF YOUR TRAVEL AUTHORISATION

This is a health clearance authorization to travel to the Republic of Trinidad and Tobago You will still be screened on arrival and processed through the Border Control Authorities of Trinidad and Tobago. Official entry into Trinidad and Tobago must be granted by Health and Immigration officials at the point of entry.

You are approved to travel to Trinidad and Tobago at this time subject to the following terms and conditions to which you consented as part of your application:

Travel Costs:

Upon arrival in Trinidad and Tobago, you will be required to undergo a health screening and risk assessment by the health authorities. The health screening will include checking your temperature, observation for signs of COVID-19, validation of your negative PCR test and vaccination card or certificate where applicable, as well as an interview by a health officer. Based on information obtained through the health screening process, the authorities will make a risk assessment. The risk assessment will determine if you are required to be placed into quarantine/isolation pending further testing.

All arriving passengers MUST provide proof of a negative PCR result taken within 72 Hours of arrival.

Upon arrival in Trinidad and Tobago, failure to present proof of a negative PCR result, which was taken within 72 hrs of arrival, will result in a denial of entry for Non-Nationals and entry to state supervised quarantine for Nationals.



THANK YOU