

## Application for Authority to Drive Airside (ADA)

All sections of this form must be fully completed and appropriate documents attached before this application will be processed

**1. APPLICANT**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Site No: \_\_\_\_\_ Hangar location: \_\_\_\_\_

Home Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person who Applicant is replacing (or state "additional employee"): \_\_\_\_\_

**2. STATE/TERRITORY DRIVER LICENCE** (Photocopy **must** be attached)

Licence No. \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**3. CATEGORY OF ADA PERMIT**

The driver above requires a: **Category 1 / Category 2 / Category 3** ADA (circle appropriate - see Airside Vehicle Control Handbook page 11 for details)

Justification for this requirement: (type of work & area/s of operation) \_\_\_\_\_

**Category 3 applicants** - Radio Operators Certificate of Proficiency Licence No. \_\_\_\_\_

Issued on: \_\_\_\_\_

**4. ENDORSEMENT BY THE COMPANY** (where applicable)

I certify that the above applicant is required to drive/operate Company vehicles/equipment on the Aprons/Taxiways/Runways (delete where not applicable) at Archerfield Airport.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**5. ACKNOWLEDGMENT BY THE APPLICANT**

I acknowledge that in making this application, I undertake that any vehicle that I use will be operated in conformity with the rules and conditions as promulgated by the Archerfield Airport Corporation in the Airside Vehicle Control Handbook which I have read and understand. I acknowledge also that Archerfield Airport Corporation (AAC) may cancel or suspend the Authority without refund at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Email applications to [aac@archerfieldairport.com.au](mailto:aac@archerfieldairport.com.au) and please ensure a photocopy of your State/Territory Driver Licence is attached. Faxed copies will not be accepted. Applications will be reviewed by the Operations Committee fortnightly. Please allow at least 14 days for processing**

OFFICIAL USE				CAT 1 / 2 / 3 Special Conditions
Copy of Driver's Licence attached		Date Submitted		
<b>Reviewed &amp; Approved by (Initial)</b>		<b>Date Approved</b>		
Exam Mark:		ADA Permit No.		
Permit Issued by:		Date of Issue		
		Expiry Date		