

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 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		
Reviewed & Approved by (Initial)		Date Approved		
Exam Mark:		ADA Permit No.		
Permit Issued by:		Date of Issue		
		Expiry Date		