



## Application for Airside Vehicle Operator's Permit

Part 1—Employee Information (to be completed by employee)			
Surname		Given Names	
Home Address		Unit Number	
City	Province	Postal Code	Home Telephone
Drivers Licence Number		Class	Expiry Date (DD/MM/YYYY)
Do you currently hold an AVOP? Yes      No		If Yes, provide AVOP Number.	For D AVOP applicants only, provide Aeronautical Certificate Number.
I hereby certify that to the best of my knowledge all information provided is true. I consent to the GTAA: a. collecting the personal information described above; b. using such information and personal information contained in my previously submitted RAIC application; c. disclosing such information and my AVOP history from time to time to my employer.			
Signature		Date (DD/MM/YYYY)	
Part 2—Employment Information (to be completed by employer)			
Employer	Job Title	AVOP Type Requested D      DA      GA/DA	
The need and right to operate a vehicle on the airside must be imminent, ongoing, and frequent. Justification follows: Nature of work to be conducted airside: Airside locations to be accessed: Duration and frequency of access: Types of vehicles/equipment operated airside:			
As an authorized signing authority, I certify that the employee named above is eligible for the AVOP program and will be trained by a certified AVOP trainer in accordance with the Airside Safety Awareness program. The employee's requirement to be in possession of an AVOP meets the criteria established within the Airport Traffic Directives as amended from time to time by the GTAA.			
Signing Authority		Date (DD/MM/YYYY)	Signature of Signing Authority
Signing Authority Job Title		Signing Authority Telephone	
Bar Code	For Pass Permit Control Use Only		
	Pass Type		
	AVOP No.		
	Expiry Date    ))    UU    ****		
	Issued by		
	Date Issued (DD/MM/YYYY)		