

APPLICANT				
Surname	First Name Mi		Idle Name(s)	
Address				
City/Province/Postal Code Phone Number Email				
Current AVOP designation (choose one)		D/A	D/A Green	□ D
PROVINCIAL / TERRITORIAL / STATE DRIVER'S LICENSE				
Jurisdiction	Class	Licen	se Number	
Please provide a photo copy of Driver's License both front and back				
AIRPORT RESTRICTED AREA IDENTIFICATION CARD (RAIC)				
YVR ID Number Company				
Temporary Dermanent				
I hereby certify that, to the best of my knowledge, all the information provided above is correct.				
Signature: Date: YYYY/MM/DD EMPLOYER STATEMENT				
Company				
Address				
City	Province		Postal Code	
-	Email			
Telephone Number				
An Airside Vehicle Operator's Permit is required for the above named person to perform the duties of their assigned position. They have been trained in the AVOP procedures as outlined in the Airside Traffic Directives by a certified trainer as assigned by this company.				
Company Signing Authority (Please Print Name) Company Signing Authority (Signature)				
FOR YVR & Company Examiners USE ONLY				
Confirmed AVOP Status	🗆 Yes	AVOP Violation	s (6 Months)	
Transfer Approved	□ Yes	No (list reasons	below)	
YVR Representative			Date	
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