



APPLICATION for a VEHICLE CALL SIGN NUMBER

Authorizing Company:		
Registered Department:		
Address of Owner:		
Phone Number:	Fax Number:	E-mail:
<u>Vehicle Information</u>		
Vehicle Description: Make:		Model:
V.I.N. Number:		Company I.D. Number:
Capacity Rating (If a Truck):		License Plate Number:
Airside License Number:	Expiry Date:	Year / Month / Day
This vehicle is radio equipped: Yes <input type="checkbox"/>		No: <input type="checkbox"/>
Approved Beacon: Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Company Logo or Name: Yes: <input type="checkbox"/>
		No: <input type="checkbox"/>
<u>Assigned Vehicle Identification</u>		
Generic Identifier and Number:	Identifier	Number
Permanent: <input type="checkbox"/>	Temporary: <input type="checkbox"/>	Expiry Date: Year / Month / Day
Position of Numbers:	Left & Right Sides: <input type="checkbox"/>	Back: <input type="checkbox"/>
<u>AVOP Office Information</u>		
Issuing Officer: Name:		Signature
Position:	Date of Issue:	Year / Month / Day
<u>Cancellation of Identifier</u>		
Date of Cancellation:	Year / Month / Day	
Reason:		
<u>Additional Comments:</u>		

Revised: Sept. 2015

Return to: AVOP Department, c/o Access Control Office, DTB Room 1111-3880 Grant McConachie Way, Richmond, B.C. V7B 1Y7