



Vancouver Airport Authority
Application for Airside Vehicle Operators Permit (AVOP)

APPLICANT (Allow 3 working days for processing)			
Surname		First Name	Middle Name(s)
Address			
City/Province/Postal Code		Phone Number	Email
TESTING (choose one) New <input type="checkbox"/> Renewal <input type="checkbox"/>			
<input type="checkbox"/> D/A	<input type="checkbox"/> D/A Green	<input type="checkbox"/> D	<input type="checkbox"/> Free Range
Practical test completed by: <input type="checkbox"/> YVR AVOP Office <input type="checkbox"/> Company Examiner		* Note D testing requires a copy of VHF Aeronautical Radio Operators Certificate	
PROVINCIAL / TERRITORIAL / STATE DRIVER'S LICENSE			
Jurisdiction		Class	License Number
Please provide a photo copy of Driver's License both front and back (original to be verified at time of testing) <input type="checkbox"/>			
AIRPORT RESTRICTED AREA IDENTIFICATION CARD (RAIC)			
YVR ID Number		Company	
<input type="checkbox"/> Temporary		<input type="checkbox"/> Permanent	
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	
Telephone Number	Email		
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.			
Authorized Trainer (Print Name) _____		Trainer (Signature) _____	
Company Signing Authority (Please Print Name) _____		Company Signing Authority (Signature) _____	
FOR YVR & Company Examiners USE ONLY			
Knowledge Test	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail YYYY / MM / DD	<input type="checkbox"/> X2 YYYY / MM / DD
YVR Representative			Date
Practical Test	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail YYYY / MM / DD	<input type="checkbox"/> X2 YYYY / MM / DD
Examiner Name (please print)	Signature		Date
1st Exam Date: YYYY / MM / DD 2nd Exam Date: YYYY / MM / DD 3rd Exam Date: YYYY / MM / DD			

List Any Statutory Restrictions for Applicant's Driver's License:

APPLICANT DECLARATION:

I acknowledge that:

- I shall make safety my number one priority while driving airside;
- I have been fully trained to operate a vehicle airside in a safe manner;
- I will abide by all the rules and regulations set forth in the current Airside Traffic Directives;
- I am responsible for adhering to any AVOP or Operations Bulletins and/or any changes, updates or revisions to the Airside Traffic Directives;
- I understand that there are penalties associated with violating the Airside Traffic Directives including suspensions, re-training, re-testing and/or the permanent removal of my AVOP privileges.
- I will notify the AVOP office of any changes to the status of my driver's license including any restrictions, suspensions or revocations.

Applicant's Signature:

Date: YYYY / MM / DD