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** ☐ **Renewal** ☐

☐ D/A	☐ D/A Green	☐ D	☐ Free Range

Practical test completed by:
- ☐ YVR AVOP Office
- ☐ 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)** ☐

AIRPORT RESTRICTED AREA IDENTIFICATION CARD (RAIC)

YVR ID Number Company

☐ Temporary ☐ 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	☐ Pass	☐ Fail YYYY / MM / DD	☐ X2 YYYY / MM / DD
YVR Representative			Date

Practical Test	☐ Pass	☐ Fail YYYY / MM / DD	☐ 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