



**AIRSIDE VEHICLE OPERATORS PROGRAM (AVOP)
COMPANY TRAINER APPLICATION FORM**

I, the undersigned, a duly authorized representative of the Company named below, hereby apply, under the Vancouver International Airport (YVR) Airside Vehicle Operators Program (AVOP), to carry out the role and responsibility of the following:

YVR AVOP TRAINER

Provide the Company employees with training and practical YVR Airside driving instruction and copies of the most up-to-date *YVR Airside Traffic Directives* and Airside drawings for study and exam purposes;

NAME: _____ TEL: _____

EMAIL: _____ YVR RAIC #: _____ DA

COMPANY NAME: _____

COMPANY ADDRESS: _____

I understand all applicable YVR Airside Traffic Directives and YVR AVOP Trainer responsibilities and agree to fully carry them out to the best of my abilities. I will:

- notify the AVOP office when I am no longer in the AVOP training position
- ensure personnel are trained according to the current version of the ATD's.
- maintain the ATD Manual and Company training files
- provide information received through the AVOP Trainer/ Manual Holder Distribution

SIGNATURE: _____ DATE: _____

(SIGNING AUTHORITY) SIGNATURE: _____

(SIGNING AUTHORITY) Print Name: _____

Return to: AVOP Admin. Room 1111 DTB Level 1 - 3211 Grant McConachie Way, Richmond, BC, V7B 1Y7

YVRAA APPROVAL: _____ TITLE: _____



AIRSIDE VEHICLE OPERATORS PROGRAM (AVOP) EXAMINER APPLICATION

I, the undersigned, a duly authorized representative of the Company named below, hereby apply, under the Vancouver International Airport (YVR) Airside Vehicle Operators Program (AVOP), to carry out the role and responsibility of the following (Check as applicable.)

YVR D/A AVOP EXAMINER

Personally administer, monitor, mark and conduct Vancouver International Airport Authority approved:

- (a) AVOP written examinations that must include the identification of relevant AVOP areas on a drawing of YVR Airside. AVOP written examinations must be carried out under approved procedures and conditions and all examination materials must be retrieved immediately and securely stored. Four wrong answers shall constitute failure of the written examination. Examinations may be rewritten after 7 days; 30 days for a second failure; AND
- (b) AVOP practical driving examinations (following successful completion of the written examination).

NAME: _____ TEL: _____

EMAIL: _____ YVR RAIC #: _____ D DA

COMPANY NAME: _____

COMPANY ADDRESS: _____

I understand all applicable YVR Airside Traffic Directives and YVR AVOP Trainer responsibilities and agree to fully carry them out to the best of my abilities. I will:

- notify the AVOP office when I am no longer in the AVOP examiner position
- ensure personnel are tested according to the current version of the ATD's.
- maintain the ATD Manual and Company exam files
- provide information received through the AVOP Trainer/ Manual Holder Distribution

SIGNATURE: _____ DATE: _____

(SIGNING AUTHORITY) SIGNATURE: _____

(SIGNING AUTHORITY) Print Name: _____

Return to: AVOP Admin. Room 1111 DTB Level 1 - 3211 Grant McConachie Way, Richmond, BC, V7B 1Y7

YVRAA APPROVAL: _____ TITLE: _____