

Application for Airside Vehicle Operators Permit

PLEASE COMPLETE ONLINE AND PRINT – PHOTOCOPY OR SCAN OF THIS APPLICATION ARE NOT ACCEPTABLE

Part 1 – Employee Information (to be completed by employee)					
Surname			Given Names		
Gender Male Female			Date of Birth (DD-MMM-YYYY)		
Home Address				City	
Province	Postal Code	Country	Primary Number e.g. (416)-555-1234		
Email Address			Height (cm)	Eye Colour	
Provincial Drivers Licence #			Expiry	Class	
Held BBTCA AVOP Previously Yes No		AVOP # (If Applicable)	ROC-A # (If Applicable)		
Part 2 – Employment Information (to be completed by the employer)					
Employer		Department	Employee Occupation		
Type of AVOP Requested					
Apron Only - AVOP D/A		All Airside Areas – AVOP D	FBO Apron Only - AVOP G/A		
Justification					
Authorization AS AN AUTHORIZED SIGNING AUTHORITY, I CERTIFY THAT THE EMPLOYEE NAMED ABOVE: A) IS REQUIRED TO DRIVE AIRSIDE AS PART OF HIS EMPLOYMENT DUTIES; B) HAS BEEN TRAINED AND TESTED IN ACCORDANCE WITH THE BBTCA AIRPORT TRAFFIC DIRECTIVES; C) IS TRAINED AND COMPETANT TO PERFORM ALL DUTIES ASSIGNED					
Signing Authority Name		Date (DD-MMM-YYYY)	Signature of Signing Authority		
Signing Authority Job Title					
Signing Authority Email Address			Signing Authority Telephone		
Part 3 – Consent and Receipt of AVOP (to be completed by Pass Control Office)					
I CERTIFY THAT I CONSENT TO PORTSTORONTO COLLECTING THE PERSONAL INFORMATION DESCRIBED ABOVE. IN ADDITION I ACKNOWLEDGE THAT: A) I HAVE BEEN TRAINED AND TESTED AND AM COMPETANT TO DRIVE AIRSIDE; B) I AM SUBJECT TO ALL RULES AND SANCTIONS IDENTIFIED IN THE BBTCA AIRPORT TRAFFIC DIRECTIVES; C) DRIVING AIRSIDE IS A PERVILIGE AND CAN BE REVOKED FOR CAUSE AT ANY TIME; D) THE AVOP PERMIT MUST BE RETURNED TO THE PASS OFFICE UPON EXPIRY, LAPSE OR TERMINATION.					
Applicant Signature	Date (DD-MMM-YYYY)	AVOP TYPE ISSUED <input type="checkbox"/> G/A <input type="checkbox"/> D/A <input type="checkbox"/> D			
PCO Signature	Date (DD-MMM-YYYY)	AVOP Expiry Date (DD-MMM-YYYY)			