



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

**APPLICANT: (Allow 3 - 5 Working Days For Processing - Application Is Void 6 Months After Initial Receipt)**

Last Name:	First Name:	Middle Name(s):
Phone Number:	Email:	Company:

<b>TRAINING / TESTING</b>				
D/A Green AVOP	D/A AVOP	D AVOP	Free Range	<b>REQUIRED FOR TESTING</b>
Training Completed By: Company Trainer Approved 3 <sup>rd</sup> Party		Practical Test Completed By: YVR AVOP Office Company Examiner		
Total Number of Training Hours: _____		Drivers License (Required for All Exams) VHF Aeronautical Radio Certificate (D & Free-Range Exams)		

<b>PROVINCIAL / TERRITORIAL / STATE DRIVER'S LICENSE</b>			
Jurisdiction	Class	License Number	List Statutory Restrictions On Driver's License:

<b>AIRPORT RESTRICTED AREA IDENTIFICATION CARD (RAIC)</b>			
YVR ID Number: _____		Company: _____	
<b>YVRAA Employees Only (Tick the box, confirming you have completed the below training modules via LMS)</b>			
1.) Human & Organizational Factors (#4132)	2.) Aviation Safety Management Systems (#4133)	3.) Identifying Hazards (#4134)	4.) Assessing Risk and Reporting (#4135)

<b>APPLICANT DECLARATION:</b>			
<ul style="list-style-type: none"><li>I shall make safety my number one priority while driving airside;</li><li>I have been fully trained to operate a vehicle airside in a safe manner;</li><li>I will abide by all the rules and regulations set forth in the current Airside Traffic Directives;</li><li>I am responsible for adhering to any AVOP or Operations Bulletins and/or any changes, updates or revisions to the Airside Traffic Directives;</li><li>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.</li><li>I will notify the AVOP office of any changes to the status of my driver's license including any restrictions, suspensions or revocations.</li><li>YVRAA Employees Only: I certify that I have completed the necessary training courses.</li></ul>			

**APPLICANT: I hereby certify that, to the best of my knowledge, all the information provided above is correct.**

Applicant Signature: \_\_\_\_\_

Date: YYYY / MM / DD

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.

\_\_\_\_\_  
Company Signing Authority  
(Print Name)

\_\_\_\_\_  
Company Signing Authority  
(Signature)

\_\_\_\_\_  
Company Signing Authority  
(Email)

**SIGNING AUTHORITY: I hereby certify that, to the best of my knowledge, all the information provided above is correct.**



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

**FOR YVR & Company Examiners USE ONLY**

<b>Knowledge Test</b>	Pass	Fail YYYY / MM / DD	X2 YYYY / MM / DD
YVR Representative: _____			Date YYYY / MM / DD
<b>Practical Test</b>	Pass	Fail YYYY / MM / DD	X2 YYYY / MM / DD
Examiner Name: (Please print)	Signature:		Date YYYY / MM / DD
1 <sup>st</sup> Exam Date: YYYY / MM / DD		2 <sup>nd</sup> Exam Date: YYYY / MM / DD	3 <sup>rd</sup> Exam Date: YYYY / MM / DD

**Comments:**