

**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 D/A AVOP TRAINER **YVR D/A GREEN AVOP TRAINER** **YVR D AVOP TRAINER**

I will 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 maps for study and exam purposes.

NAME: _____ TEL: _____

EMAIL: _____ YVR RAIC #: _____ D/A D

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:

- Ensure personnel are trained according to the current version of the ATD's.
- Provide information received through the AVOP Program (ex: AVOP or OPS bulletins and Wing-Tips).
- Maintain company training files.
- Surrender my AVOP Trainer privileges (duration to be determined) if I receive an AVOP Violation or I am unsuccessful in my AVOP recertification with the YVR AVOP Department.
- Notify the AVOP office when I am no longer in the AVOP training position.

SIGNATURE: _____ DATE: _____

(SIGNING AUTHORITY) Print Name: _____

(SIGNING AUTHORITY) Signature: _____

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

YVRAA APPROVAL: _____ TITLE: _____

AIRSIDE VEHICLE OPERATORS PROGRAM (AVOP) - EXAMINER 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 (check if applicable):

YVR D/A AVOP EXAMINER **YVR D/A GREEN AVOP EXAMINER**

I will personally conduct Vancouver International Airport Authority approved AVOP practical driving examinations following the successful completion of the written exam. I understand exams may be retaken after 7 days for a first failure, 30 days for a second failure and after 1 year for the third failure.

NAME: _____ TEL: _____

EMAIL: _____ YVR RAIC #: _____ D/A D

COMPANY NAME: _____

COMPANY ADDRESS: _____

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

- Ensure personnel are trained according to the current version of the ATD's.
- Provide information received through the AVOP Program (ex: AVOP or OPS bulletins and Wing-Tips).
- Maintain company training files.
- Surrender my AVOP Trainer privileges (duration to be determined) if I receive an AVOP Violation or I am unsuccessful in my AVOP recertification with the YVR AVOP Department.
- Notify the AVOP office when I am no longer in the AVOP training position.

SIGNATURE: _____ DATE: _____

(SIGNING AUTHORITY) Print Name: _____

(SIGNING AUTHORITY) Signature: _____

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

YVRAA APPROVAL: _____ TITLE: _____