

## AIRSIDE VEHICLE OPERATOR'S PERMIT

Halifax Stanfield International Airport

Part 1—Employee Information (To Be Completed by Employee)	
<input type="checkbox"/> Initial Application <input type="checkbox"/> Change of Information Request <input type="checkbox"/> Renewal Application	
Surname:	Given Names:
Address:	City and Province:
Postal Code:	
Home Telephone:	Email address:
Driver's License Number:	Expiry Date (DD/MM/YYYY):
Restricted Access Pass Number:	Expiry Date (DD/MM/YYYY):
Signature:	Date (DD/MM/YYYY):
Part 2— Employer Information (To Be Completed by Employer)	
Employer:	Employee's Job Title:
AVOP Type Requested: <input type="checkbox"/> DA <input type="checkbox"/> DR <input type="checkbox"/> D	
<b>The need and right to operate a vehicle on the airside must be imminent, ongoing, and frequent. Provide justification:</b>	
<b>As an authorized signing authority, I certify that the employee named above is eligible for the AVOP program and will be trained in accordance with the Halifax Stanfield International Airport Traffic Directives and provided adequate airside driver training and orientation.</b>	
Signing Authority Name:  Date (DD/MM/YYYY):	Signature of Signing Authority:

