

Part 1—Employee Information (To Be Completed by Applicant)				
Application Type:		<input type="checkbox"/> Initial	<input type="checkbox"/> Change of Information	<input type="checkbox"/> Renewal
AVOP Type Requested:		<input type="checkbox"/> DA	<input type="checkbox"/> DR	<input type="checkbox"/> D
Employer:		Employer Contact Number:		
Applicant's Last Name:		Applicant's First Name:		
Applicant's Address:		City and Province:		
Postal Code:				
Applicant's Telephone:		Applicant's Email Address:		
Driver's License Number:		Expiry Date (DD/MM/YYYY):		
Restricted Access Pass Number - (RAIC):		Expiry Date (DD/MM/YYYY):		
(For DR & D AVOPS Only) - Restricted Radio Operator License (ROC-A) Number:				
Applicant's Signature:		Date (DD/MM/YYYY):		
Part 2— Training Competency Record (To Be Completed by Qualified AVOP Holder(s)) (Note: Part 2 is not required to be completed for AVOP renewals)				
<i>I certify that the employee named above has received a minimum of two (2) hours of practical airside driving and has demonstrated to me the ability to operate safely on the airside.</i>				
Trainer Name(s):				
RAIC #:				
Trainer Signature(s):				
Part 3— Employer Approval & Authorization (To Be Completed by Employer)				
<i>I certify that the employee named above has received a minimum of two (2) hours of practical airside driving from a qualified AVOP holder and is required, as part of job duties, to operate on the airside.</i>				
Signing Authority Name:		Signature of Signing Authority:		
Date (DD/MM/YYYY):				

