

Application for Airside Vehicle Operator's Permit

Part 1—Employee Information (to be completed by employee)

| | | | |
|--|----------|---|--------------------------|
| Surname | | Given Names | |
| Home Address | | | |
| City | Province | Postal Code | Telephone Number |
| Drivers Licence Number | | Class | Expiry Date (YYYY-MM-DD) |
| Do you currently hold an AVOP? Yes No | | If Yes, provide AVOP Number. For D AVOP applicants only, provide ROC-A Certificate Number. | |
| <p>I hereby certify that to the best of my knowledge all information provided is true. I consent to the GTAA: a) collecting the personal information described above; b) using such information and personal information contained in my previously submitted RAIC application; c) disclosing such information and my AVOP history from time to time to my employer.</p> | | | |
| Signature | | E-MAIL ADDRESS | |

Part 2—Employment Information (to be completed by employer)

| | | | |
|---|-----------|---------------------|---------------|
| Employer | Job Title | AVOP Type Requested | |
| | | D | DA GA/DA |
| <p>The need and right to operate a vehicle on the airside must be imminent, ongoing, and frequent. Justification follows:</p> <p>Nature of work to be conducted airside: <input type="text"/></p> <p>Airside locations to be accessed: <input type="text"/></p> <p>Duration and frequency of access: <input type="text"/></p> | | | |

As an authorized signing authority, I certify that the employee named above is eligible for the AVOP program and will be trained by a certified AVOP trainer in accordance with the AVOP Training program. The employee's requirement to be in possession of an AVOP meets the criteria established within the Airport Traffic Directives as amended from time to time by the GTAA.

| | | |
|----------------------------------|----------------------|--------------------------------|
| Signing Authority (Please print) | Date (DD-MMM-YYYY) | Signature of Signing Authority |
| <input type="text"/> | <input type="text"/> | |
| Signing Authority Telephone | | |

TO BE FILLED OUT AT THE AVOP OFFICE

| AVOP Terms & Conditions Acknowledgment | For AVOP Office Use Only |
|---|--------------------------|
| <p>I hereby acknowledge that I will abide by the AVOP Terms and Conditions that are set out in the Airport Traffic Directives (ATDs), Administration and Requirements book, Section 5. Furthermore, I acknowledge that failing to comply with the ATDs may be punished by the issuance of an infraction, suspension of AVOP Privileges or the revocation of my AVOP and driving privileges at Toronto Pearson International Airport.</p> <p>_____</p> <p style="text-align: center;">Applicants Signature</p> | Pass Type |
| | AVOP No. |
| | Expiry Date |
| | Issued by |
| | Date Issued |