

Airside Vehicle Operators Permit (AVOP) System

Application for an AVOP

Submit to: Edmonton Airports (YEG) Pass Control Office (PCO)
 Phone (780) 890 8377 Fax (780) 890 8402

Applicant Information

First Name: _____ Last Name: _____
 (Please Print) (Please Print)

Home Address: _____ City: _____

Province: _____ Postal Code: _____ Phone #: _____

1. Have you previously held an AVOP permit? Yes ____ No ____
2. Radiotelephone Operator's Restricted Certificate (Or equivalent) and class: _____
3. Provincial Territorial Driver's License Number (Required verification from PCO) _____
4. Province, class/classes, special endorsements and expiry: _____

Restricted Area Identification Card number: _____

I hereby certify that to the best of my knowledge, all of the above information is true.

Applicant signature: _____ **Date:** _____

Company Name: _____

Company Address: _____

Province, Postal Code: _____ Phone Number: _____

Justification

This applicant is eligible for the AVOP program and will be trained by a qualified operator. The duties of this employee justifies a need and right to operate a vehicle on airside:

Signature and Title of Requesting Authority: _____

Type of Permit Requested: Apron and Service roads only D/A _____ All Airside Areas D _____	AIRPORT USE ONLY Application Accepted ____ Application Rejected ____ Signature: _____ Date: _____
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