

Aerodrome Operating Procedures

JA-AOP-029 Airside Driving Permit Scheme – Appendix F Apron Driving Permit

JERSEY AIRPORT
AIRSIDE APRON AREA PERMIT
APPLICATION FORM

APPLICANT

Surname..... First Name(s) ID Card No.....

Company Job Title/Department

Company Address

..... Tel. Number

TRAINING DETAILS

The above named person has attended an approved company airside driving course. This included the mandatory Airport driving PowerPoint presentation. All staff must obtain a 85% pass mark for the written multiple choice exam paper before the permit is issued.

Trainer's Name Company

Signature Date.....

AUTHORISED SIGNATORY (Supervisor or above of applicant)

I confirm

- that the applicant requires an Airside Driving Permit to perform their work at Jersey Airport.
- that the applicant meets the medical standards required and that I hold written documentation to this effect.
- that the applicant has received topography training.
- that the applicant has all the relevant driving licences/permits for the required vehicles they are authorised to drive.

Name Position.....

Signature Date

PERMIT DETAILS (for Jersey Airport Aerodrome Operations use only)

*New / Renewal. Expiry Date Issue Date

(*please delete)

Pass / Fail Exam mark

Aerodrome Operations Signature