

Aerodrome Operating Procedures

JA-AOP-029 Airside Driving Permit Scheme – Appendix G Staff Members from other Aerodromes

JERSEY AIRPORT
TEMPORARY AIRSIDE APRON AREA PERMIT
APPLICATION FORM

APPLICANT

Surname..... First Name(s)

Company Job Title/Department

Company Address

..... Tel. Number

Date on Station Date off Station

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 holds a valid airside driving permit at another station.
- that the applicant has received a basic familiarisation of driving at Jersey Airport
- that the applicant has all the relevant driving licences/permits for the required vehicles they are authorised to drive.

Name Position.....

Signature Date