

AIRSIDE DRIVERS AUTHORITY – APPLICATION FORM

Return completed form via email to -

Mackay Airport Safety Officer
MAPL_ASO@cairnsairport.com.au

Or Fax (07) 4953 1929

Notes:

1. Please complete items 1 to 11 in support of your application to operate a vehicle airside at Mackay Airport.
2. Before the application can be processed, your application must be signed at item 10 by an authorised company representative in confirmation of the need for an ADA,

1. Applicant's Name				
2. Company				
3. Position				
4. Contact Phone No.				
5. Reason for airside access				
6. Area required (please tick)	<input type="checkbox"/> Perimeter Road	<input type="checkbox"/> GA Aprons	<input type="checkbox"/> RPT Apron	<input type="checkbox"/> All Movement Areas
7. Current Driver's Lic	<i>State</i>	<i>Number</i>	<i>Class(es)</i>	<i>Expiry Date</i>
8. Rego & type of Vehicle/s you will be operating <u>or</u> Airside Vehicle permit No/s.				
9. ASIC (Details of your current ASIC)	<input type="checkbox"/> Red MKY No.-	<input type="checkbox"/> Red AUS No.-	<input type="checkbox"/> Grey MKY No.-	<i>Expiry Date</i>
10. Company Authorisation				
I certify that the above applicant details are correct and request that an Airside Drivers Authority be issued for the areas indicated. I undertake to notify MAPL of any changes to the above particulars and to recover and return the Airside Drivers Authority prior to the applicant leaving or upon transfer of the applicant to a position which does not require retention of the Airside Drivers Authority.				
(Name)	(position)	(signature)		
11. Signature of applicant	_____ (date)			

The Airside Drivers Handbook is available on the Mackay Airport website. It details the mandatory rules and procedures for authorised airside drivers at Mackay Airport.

OFFICE USE ONLY

Received by: _____ Date Received: _____

- Photocopy of ASIC
- Photocopy of Driver's Licence
- Airside drivers handbook – available on Mackay Airport Website

Date passed to Supervisor Airside Safety: _____

Testing

Theory Test

Assessed for: Restricted Unrestricted

Assessed by: _____ Date completed: _____

PASS FAIL

Driving Test

Assessed for: Restricted Unrestricted

Assessed by: _____ Date completed: _____

(signed) _____

Assessed as: competent not yet competent

ADA Issue

ADA No. _____ Date of Issue: _____

ADA Card Issued to applicant

Entered in Register