

1. COMPANY/ORGANISATION DETAILS

COMPANY/ORGANISATION NAME	
CONTACT NAME	
PHONE	MOBILE
POSTAL ADDRESS <small>(ADA licence will be posted to this address)</small>	
EMAIL ADDRESS	

2. APPLICANT DETAILS

NAME		
PHONE	MOBILE	
ADDRESS		
DRIVERS LICENCE No.	CLASS	EXPIRY

Driving Category Required (Please tick) Initial Renewal

Category (CAT) 1

Fee incl. GST

<input type="checkbox"/>	1 Year	\$25
<input type="checkbox"/>	3 Year	\$50
<input type="checkbox"/>	5 Year	\$75

Reasons for requiring an ADA:

Payment Method

Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cheque No:	Account <input type="checkbox"/>	Account Details:
Credit Card <input type="checkbox"/>		Name on Card:		
Number:		Exp Date:	CVV No:	
Signature:				

Please note: ADA card will not be issued without payment

Copy of drivers licence	<input type="checkbox"/>
Applicants' photo: <i>A photo must be submitted with an ADA application form. It needs to be taken up close with a plain background from head to shoulder (resembling a passport photo)</i>	<input type="checkbox"/>

OFFICE USE ONLY

ADA No	Category	Expiry Date	Paid (Y/N)	Issue Date
ADA Issue Approved By				
Name		Signed		

3. ENDORSEMENT BY THE VEHICLE OPERATOR

I, of
(Gliding Club Delegate) (Company/Organisation)

Hereby certify that
(The Applicants name)

- Is required to Drive/Operate company/organisation owned vehicles/equipment in the areas applicable to the licence selected.
- Has completed the appropriate training and spent time as an observer in a vehicle airside.
- Will only drive/operate equipment Airside, on areas which he/she holds a current endorsement as shown in the Airside Vehicle Control Handbook.

I also understand this Authority to Drive Airside (ADA) is for the sole use of the applicant and that this licence is not to be transferred amongst any other staff/organisation members or companies/organisations and must be returned to BAL by the applicant when the applicant no longer requires the licence.

Company/Organisation Delegates Signature Date

Position.....

4. ACKNOWLEDGEMENT AND UNDERTAKING BY APPLICANT

I, of
(Please print full name) (Company/ Organisation)

- Have read the Airside Vehicle Control Handbook and agree to fulfil the requirements for Airside drivers as set out in the Handbook and I acknowledge that Sydney Metro Airports may cancel or suspend the Authority at any time.
- Have undergone the required hours as an observer in a vehicle operating Airside in areas where the Authority to Drive Airside for which I am applying will authorise me to drive.
- Understand that I must hold a current endorsement from my employer for any equipment that I drive/operate on the Airside.
- Understand that this licence is valid ONLY for Camden Airport and that I am NOT permitted to drive Airside at any other airport without appropriate authorisation.

Applicants Signature Date

How to lodge your application:

Send your application form, completed theory test, a photo and an attached copy of drivers licence with payment to:

Email: am@bankstownairport.com.au

Fax: (02) 9791 0230

Post: PO Box 6450, WETHERILL PARK NSW 1851

Contact the Aviation Compliance Coordinator on (02) 8709 9408 for any enquiries regarding airside driving.