Winnipeg Richardson International Airport

AIRSIDE VEHICLE OPERATOR PERMIT APPLICATION				
APPLICANT INFORMATION				
Name of Applicant		RAIC or Temp #		
Driver's License #	copy attached	Driver's License Ex	piry Date:	
Driver's License Class:		Radio License #	copy attached	
I certify that I understand the obligations, terms and conditions (as described, and as amended from time to time, in the WAA Airport Access and Vehicle Operator Program) that are required to operate a vehicle on the air side of Winnipeg Richardson International Airport. I understand that this permit can be revoked at any time by Winnipeg Airports Authority in addition to those measure stipulated in the above program. Yes No I understand the written AVOP exam requires me to use a computer, keyboard and mouse; read questions and answer				
multiple-choice questions. I require accommodation to write this exam. Yes No				
Applicant's Signature				
COMPANY AUTHORIZATION				
Company	Signing Authority (p	rint)	Signing Authority Signature	
The person named above is required in the course of their empoperate a vehicle on the airside of the Winnipeg Richardson In This person will be trained by an existing qualified operator and 1. knowledge and ability to operate a vehicle in this envi 2. if required for duties, to securely control access to the an airside gate The following are duties this applicant is required to perform who operation on the airside areas:		nternational Airport. d will be tested for: ironment, and e restricted area via	AVOP Type: Apron and Services Roads Only (D/A) All Airside Areas (D) Airside Gate Access Required: Not Required for employee's duties Sargent Avenue Military Gate #41 CSB Gate #46 CSB Gate #57 Phone Number	
PASS OFFICE AUTHORIZATION				
Driver's license has been verified for accuracy and photocopied				

This form may be scanned and emailed, or faxed, or dropped in-person at the Pass Office. Be sure to include any required attachments.

AVOP Expiry Date

Approval Signature

Phone: 204.987.9410

204.987.9411

Email: PassClerk@waa.ca

Fax:



Date

New

Renewal

Accepted

Date AVOP Issued

AVOP modules completed

If D AVOP – Radio Operator Certificate

Rejected

If D AVOP – Eligibility Screening Tool completed and approved

Winnipeg Richardson International Airport

STATEMENT OF RESPONSIBILITY - AIRSIDE GATES

APPLICANT INFORMATION				
Name of Applicant	RAIC#			
I undertake the following actions and requirements to ens Regulations.	ure compliance with the Canadian Aviation Security			
I require airside access through one or more of to or Gate #46 to carry out my duties at the Winnipole	ne following gates: Sargent Avenue Gate, CSB Gate, Gate#41			
Vehicles that I operate on the airside of the gate determined in the Airport Access and Vehicle Operation	will meet all the necessary requirements for airside operation as eration Program manual.			
gate i.e. not closing properly, I will immediately n the gate or by cell phone at (204) 987-9798 and	the gate until it is fully closed. Should there be a fault with the otify the Airport Operations Centre via the intercom system at remain at the location until a WAA or Security person arrives to d immediately so delays to drivers will be minimal in these			
T :	no other vehicle, person or wildlife goes through the gate. Each exit airside. I understand that both vehicle tailgating or driving ed violations.			
If I am escorting another vehicle(s), I must notify airside.	the Airport Operations Centre via intercom prior to entering			
If I am carrying other persons in the vehicle, I will ensure that all people have airport restricted area passes or visitor passes to allow them to be airside at Winnipeg Richardson International Airport.				
7. I will abide by all signs or other instructions poster and I understand that pedestrian access is not performed.	ed or otherwise implied that pertain to passage through the gate ermitted.			
8. I acknowledge that these terms may be subject to change by Winnipeg Airports Authority and that changes will be communicated to me by various means such as facsimile, email, regular mail, posters and signage at the gate.				
suspension or revocation of airside access privile				
I acknowledge these conditions and agree to abide by ther	n accordingly.			
Applicant's Signature	Date			



Phone: 204.987.9410

204.987.9411

Email: PassClerk@waa.ca

Fax: