

Application for Airside Vehicle Operator's Permit

Part 1—Employee Information (to be completed by employee)

Surname BOUGAI		Given Names ROMAN	
Home Address 114 ARRAN CRESCENT			
City WOODBIDGE	Province Ontario	Postal Code L4L 1G6	Telephone Number (289) 622-6930
Drivers Licence Number BOUGA190679004		Class M5	Expiry Date (YYYY-MM-DD) 2029-06-19
Do you currently hold an AVOP? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If Yes, provide AVOP Number. 876763	For D AVOP applicants only, provide ROC-A Certificate Number. 201308321

I hereby certify that to the best of my knowledge all information provided is true. I consent to the GTAA: a) collecting the personal information described above; b) using such information and personal information contained in my previously submitted RAIC application; c) disclosing such information and my AVOP history from time to time to my employer.

Signature 	E-MAIL ADDRESS rbougai@hotmail.com
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Part 2—Employment Information (to be completed by employer)

Employer <div></div>	Job Title <div></div>	AVOP Type Requested <input type="checkbox"/> D <input type="checkbox"/> DA <input type="checkbox"/> GA/DA
The need and right to operate a vehicle on the airside must be imminent, ongoing, and frequent. Justification follows:		
Nature of work to be conducted airside: <div></div>		
Airside locations to be accessed: <div></div>		
Duration and frequency of access: <div></div>		

As an authorized signing authority, I certify that the employee named above is eligible for the AVOP program and will be trained by a certified AVOP trainer in accordance with the AVOP Training program. The employee's requirement to be in possession of an AVOP meets the criteria established within the Airport Traffic Directives as amended from time to time by the GTAA.

Signing Authority (Please print) <div></div>	Date (DD-MMM-YYYY) <div></div>	Signature of Signing Authority <div></div>
Signing Authority Telephone <div></div>		

TO BE FILLED OUT AT THE AVOP OFFICE

AVOP Terms & Conditions Acknowledgment	For AVOP Office Use Only
<p>I hereby acknowledge that I will abide by the AVOP Terms and Conditions that are set out in the Airport Traffic Directives (ATDs), Administration and Requirements book, Section 5. Furthermore, I acknowledge that failing to comply with the ATDs may be punished by the issuance of an infraction, suspension of AVOP Privileges or the revocation of my AVOP and driving privileges at Toronto Pearson International Airport.</p> <p>_____</p> <p>Applicants Signature</p>	Pass Type <div></div>
	AVOP No. <div></div>
	Expiry Date <div></div>
	Issued by <div></div>
	Date Issued <div></div>