

MACKAY AIRPORT AIRSIDE DRIVERS AUTHORITY APPLICATION FORM



APPLICANT'S PERSONAL DETAILS							
Full Name:							
Company Name:					Position held:		
Contact Phone Number:							
DRIVERS LICENCE DETAILS							
Drivers Licence Number			State Issued:			Class/es	Expiry:
APPLICANT'S ASIC DETAILS (Tick & Fill which applies)							
<input type="checkbox"/> AUS Issued	<input type="checkbox"/> MKY Issued	<input type="checkbox"/> Red Number:	<input type="checkbox"/> Grey Number:	Expiration Date:			
Reason Requesting Airside Access							
Area Airside where access is required (please tick)							
<input type="checkbox"/> Perimeter Road	<input type="checkbox"/> GA Aprons	<input type="checkbox"/> RPT Apron	<input type="checkbox"/> All Movement Areas				
Type of Vehicle/s & Rego you will be operating <u>or</u> Airside Vehicle Permit Number/s.							
APPLICANT'S SIGNATURE:				Date Signed:			
<i>Please ensure that your Manager/Supervisor completes the bottom section of the form for authorisation for the ADA</i>							
COMPANY DETAILS							
MANAGER/SUPERVISORS AUTHORISATION							
<i>I certify that the above applicant details are correct and request that an Airside Drivers Authority be issued for the areas indicated.</i> <i>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.</i>							
Manager/Supervisors Name:				Signature:			
Position In Company				Date:			

Return completed form in person to the Mackay Airport Administration Building

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OFFICE USE ONLY

Received by: _____		Date Received: _____
<input type="checkbox"/>	Photocopy of ASIC taken	
<input type="checkbox"/>	Photocopy of Drivers Licence	
<input type="checkbox"/>	Photocopy of Aircraft Radio Operator Certificate of Proficiency	
<input type="checkbox"/>	ID Photo taken (if not on file)	
Date passed to Supervisor Airside Safety: _____		

THEORY TEST

Assessed for:	<input type="checkbox"/> Restricted ADA	<input type="checkbox"/> Unrestricted ADA
Assessed by: _____		Date completed: _____
Result:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

DRIVING ASSESSMENT

Assessed for:	<input type="checkbox"/> Restricted ADA	<input type="checkbox"/> Unrestricted ADA
Assessed by: _____		Signed: _____
Date completed: _____		
Assessed as:	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Yet Competent

APPROVAL FOR ADA ISSUE - (MAO or SAS ONLY)

Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Name: _____		Signature: _____

ADA Card ISSUE DETAILS

ADA No:		
Date of Issue to Applicant:		
Entered in ADA Register		