

AIRPORT OPERATOR FORM

Geraldton Airport

Complete an application form for each tenant or operator requiring access to Geraldton Airport.

KEY AND ACCESS CONTROL CARD

Full Name	Postal Address
Company	Email Address
Primary Contact No.	ASIC No. Expiry

Signature	Date
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VEHICLE AIRSIDE ACCESS

Drivers Licence (MDL) No.	MDL Class
MDL Expiry Date	MDL State / Territory
Date of Birth	Radio Operations Certificate No. N/A

Purpose of Airside Vehicle Access

The following Authority to Drive Airside Permit is required :

- Category 1** GA Aprons and Taxiways
 Category 2 RPT Apron
 Category 3 Other (Please Specify)

APPLICANT EMPLOYER / COMPANY ADDRESS

Company Name	
Address	
Contact No.	Email Address

ENDORSEMENT BY EMPLOYER / COMPANY

In signing this endorsement, I certify that:

- The applicant listed above is required to drive/operate company vehicles and/or equipment for the purposes listed above;
- I will immediately advise Geraldton Airport if the applicant ceases employment at this company or is no longer required to drive airside.

Name	Signature	Position	Date
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APPLICANT ACKNOWLEDGMENT

In signing this acknowledgment, I confirm that:

- I have read and understood the conditions of use for operating a vehicle/s airside as described in the Geraldton Airport Manual;
- All vehicle use shall be in accordance with the Geraldton Aerodrome Airside Vehicle Control Requirements;
- I understand that this permit is only valid if it is accompanied by a signed Letter of Authorisation; and
- I understand that the Airport Manager reserves the right to withdraw this permit without notice.

Name	Signature	Date
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VEHICLE / PLANT / EQUIPMENT DETAILS (if applicable) N/A

Registration No.	Type (e.g. Vehicle, Plant, Equipment)	Make / Model	Registration Expiry Date	Insurance Provider	Policy No.	Insured Amount	Insurance Expiry Date	Radio Comms Equipment Yes / No	Flashing Beacon Light Yes / No	Vehicle Call Sign

Provide details of the arrangements you have in place for moving the vehicle/s if it becomes immobilised on the Movement Area

LEASE / AGREEMENT DETAILS (if applicable)

Legal Name	Term
ACN	Further Term
Property / Building	Postal Address (if different)
Area (m2)	
Commencement Date	
Expiry Date	

INSURANCE DETAILS

Worker's Compensation

Policy No.	Name of Insurance Provider	Policy Amount	Expiry Date

Public Liability

Policy No.	Name of Insurance Provider	Policy Amount	Expiry Date

Other Insurance

Policies Relevant to Airport Operations (state type)

Policy No.	Name of Insurance Provider	Policy Amount	Expiry Date

Miscellaneous

Detail Other Regulated Compliance Requirements Associated with Airside Operations (i.e. Dangerous Goods)

Policy No.	Name of Insurance Provider	Policy Amount	Expiry Date

AIRPORT USE ONLY

ACCESS DETAILS

Alarm Group	<input type="checkbox"/> Pin Code N/A
Door Group	
EMPLOYEE / BADGE NO.	
Vehicle Airside Access	<input type="checkbox"/> Permit Issued
Date of Issue	<input type="checkbox"/> Key #

PAYMENT METHOD

- Transfer or Re-Issue Account (Invoice)