



Application for Airport Driving Permit

Application No. _____

Organisation: _____

Dept.: _____

Application Name: _____

C.P.R Number: _____

Position: _____

Light License No.: _____ Issue Date _____ / _____ / _____ Expiry Date _____ / _____ / _____

Heavy License No.: _____ Issue Date _____ / _____ / _____ Expiry Date _____ / _____ / _____

Attach Copy of Licenses

APPLICANT :

I herewith confirm that I have read and fully understood the content and implications of the "Airport Driving Regulations" and that I will abide by those instructions at all times.

Applicant Signature: _____ Date: _____ / _____ / _____

Authorised by: Name/ Signature: _____ Date: _____ / _____ / _____

ORGANISATION
STAMP

Eyesight Test

LEFT EYE _____ Distance Vision _____ RIGHT EYE _____
Near Vision _____

COLOUR VISION

Assessment of Eyesight: _____ Glasses? Yes: _____ No: _____

Doctor Name: _____

Doctor's Signature: _____ Date _____ / _____ / _____

Remarks: _____

MEDICAL CENTRE
STAMP

Types of Vehicle to be Driven:

- | | | |
|---|-------------------------------|---|
| L1 Goods Towing Tug. | H1 Flat Bed Truck | H 10 AVUIASU Vehicle |
| L2 Saloon Car | H2 Bus (16-PAX) | H11 Fuel Bowser |
| L3 Pick up | H3 Water Toilet Truck | H12 Runway Sweeper |
| L4 Mini-Bus/Van | H4 Miladder/PAV | H13 Manlift Greater than
one tonne weight |
| L5 Ambulance | Less than one tonne
weight | H14 Transporter |
| L6 Conveyer | H5 Passenger Stairs | H15 G PU. |
| L7 Malodori BAv less thanor
equal one tonne weight | H6 Fuel Dispenser | H16 Forklift Greater than
one tonne weight |
| L8 Manlift less than or equal
one tonne weight | H7 Trucks | H17 Reach Truck |
| L9 Forklift less than or equal
one tonne weight | H8 Bus (5-PAX) | SH Aircraft Towing Tug |
| | H9 CFR Vehicle | |

Area of Operation:

- Airside Services
- (R) Roads only
- (M) Aircraft Maneuvering Area

If the operational area is (M) Training/Examination is require in RTF use and procedure.

Comments/Remarks

To be completed by Airside Services Group -BAC

Applicant tested on	/ /	Licensed for
Passed	<input type="checkbox"/>	Failed <input type="checkbox"/>
Failed in Theoretical	<input type="checkbox"/>	Practical <input type="checkbox"/>
Tested By		
Name _____		
Signature _____ Date: / /		

To be completed by CAA-Airport Pass Group

Authorised Signature: _____ Date: ____/____/____

Name: _____

Position: _____