



Application for Airport Vehicle Permit

Reference No.

Company Name: _____
Vehicle Type: _____ Class: _____ GW: _____ Kg _____
Vehicle Model: _____ Reg. No. _____ Fleet No. _____
Insurance Company Name: _____
Insurance Policy No: _____ Expiry Date: ____ / ____ / ____

Notes:

- Please ensure the following documents are submitted along with this form:
Copy of Traffic Department Registration Card.
Copy of Insurance Policy.
Copy of Lease Agreement
- Organisation logo must be displayed on both sides of the vehicle.
- All vehicles shall carry at least one small appropriate fire extinguisher approved by Bahrain Airport Company (Fire Service.) and if not painted in the colours described in CAR001, the flags described in CAA Regulations.
- Vehicles to be used on aircraft manoeuvring and Apron Areas must be equipped with a working yellow/amber flashing obstruction beacon which shall be operating at all times.
- Vehicles operating on taxiways and runway should be fitted with RTF equipment on the appropriate frequency, a working transponder or closely escorted by a vehicle with RTF and transponder equipment, and drivers are fully conversant with:
Correct RTF Procedures.
Terms and phrases used in ATC including ICAO phonetic alphabet: and
Low Visibility Procedures: and
The geography of the airport.
- Comply with CAA Airport Driving Regulation

Name: _____
Authorised Signatures: _____
Designation: _____
Date: _____

ORGANISATION STAMP

To be completed by Airside Services Group - BAC

	Acceptable	Not Acceptable
A - Organization Logo	<input type="checkbox"/>	<input type="checkbox"/>
B - Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
C- Yellow/ amber flashing beacon	<input type="checkbox"/>	<input type="checkbox"/>
D - RTF equipment if required	<input type="checkbox"/>	<input type="checkbox"/>
E- Appropriate paintwork or flags	<input type="checkbox"/>	<input type="checkbox"/>
F- Transponder or escort	<input type="checkbox"/>	<input type="checkbox"/>

Approved by: _____
 Signatures: _____ Date : ____ / ____ / ____

To be completed by CAA A/P Passes Group

Authorised Signature: _____ Date: ____ / ____ / ____
 Name: _____
 Occupation: _____
 Permit No. _____
 Date of Issue: _____ Expiry Date: ____ / ____ / ____