

**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.

**MACKAY AIRPORT
AIRSIDE DRIVERS AUTHORITY
APPLICATION FORM**



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: _____ | Date completed: _____ | |
| Signed: _____ | | |
| 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 | _____ |