

# MACKAY AIRPORT AIRSIDE DRIVERS AUTHORITY APPLICATION FORM



APPLICANT'S PERSONAL DETAILS							
Full Name:							
Employer/Company Name:							
Position Held:					Phone Number:		
Email Address:					Mobile 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: _____		Expiry:	
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:		

*Please ensure that your Manager/Supervisor completes the bottom section of the form for authorisation for the ADA*

COMPANY DETAILS			
MANAGER/SUPERVISORS AUTHORISATION			
<p>I certify that the above applicant details are correct and request that an Airside Drivers Authority be issued for the areas indicated.</p> <p>I undertake to notify Mackay Airport 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.</p>			
Manager/Supervisors Name:			Signature:
Position In Company:			Date:

*Please return completed form in person to the Mackay Airport Administration Building.  
If you have difficulties with language, literacy and numeracy in regards to completing written assessments,  
please contact MAPL for assistance.*

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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 (Only required for unrestricted Licence)	
<input type="checkbox"/>	ID Photo taken (if not on file)	
Date passed to Team Leader 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: _____		
Signature: _____		Date completed: _____
Assessed as:	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Yet Competent

## APPROVAL FOR ADA ISSUE (MAO or TLAS 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:	
Updated access to ASIC in Insight:	