

This form is to be used when applying for a new Airside Vehicle Permit or when renewing a current permit
All vehicles driven on the airside of Sunshine Coast Airport must display a current AVP.

APPLICANT / OPERATOR

<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal - Existing AVP Number:	
Company Name			
Contact Name			
Business Address			
Suburb:		State:	
Email Address			
Work Phone		Mobile	

VEHICLE DETAILS

SECTION A – VEHICLE SPECIFICATIONS

Make		Model	
Year		Registration	
Motive Power (Petrol/Diesel/LPG)		Special Features	
If vehicle not registered, give details of industry specifications with which the vehicle complies:			

NOTE: When airside the vehicle must clearly display a visible Amber Beacon on top of the vehicle so as to provide 360° visibility.

SECTION B – CRITERIA FOR USE

This Application must meet one or more of the following criteria for the issue of an AVP to be approved

<input type="checkbox"/>	Be directly involved with the operations or servicing of aircraft
<input type="checkbox"/>	Be directly involved with the servicing of Ground Servicing Equipment (GSE)
<input type="checkbox"/>	Be directly involved with the servicing, maintenance or construction of airside infrastructure, equipment, buildings or other airside facilities, and that these areas cannot be reached via the landside
<input type="checkbox"/>	Have a need or authority to carry out regulatory or law enforcement activities on the landside
Type of work to be undertaken and area/s of operation:	
Justification for frequent and unescorted access (please specify):	

SECTION C – COMMUNICATIONS EQUIPMENT

Is this vehicle required to operate on the manoeuvring area and communicate with ATC. If Yes, please provide details of radio communication equipment.

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes - Radio fitted (provide details):

INSURANCE DETAILS

Please note copies of Insurance Certificates must be attached to this Application Form. Insurance must cover the use of this vehicle airside.

VEHICLE INSURANCE

Insurer:			
Policy Number:		Policy Type:	
Amount of Cover:		Expiry Date:	

PUBLIC LIABILITY INSURANCE

Insurer:			
Policy Number:		Policy Type:	
Amount of Cover:	(\$20 Million Minimum)	Expiry Date:	
Sunshine Coast Airport Pty Ltd noted as an interested party <input type="checkbox"/> Yes			

APPLICANT ACKNOWLEDGMENT

I, _____ acknowledge that:

1. I have read and understood the Airside Vehicle Control Handbook in relation to vehicle/equipment requirements;
2. It is a condition of an AVP that the Vehicle comply with and be operated in conformity with the conditions promulgated by Sunshine Coast Airport Pty Ltd in the Airside Vehicle Control Handbook;
3. Failure to comply with the Handbook may result in the AVP being suspended or withdrawn;
4. Public Liability Insurance for an amount not less than AUD \$20 million will be maintained;
5. It is the Vehicle operator's responsibility to ensure the vehicle/equipment meets the applicable industry standards and is maintained in safe working condition at all times.

Signed: _____ Date: ____/____/____

OFFICE USE ONLY

Approved by: _____ Date: ____/____/____
SCA Pty Ltd GM Operations & Assets (or Delegate)

ADDITIONAL CHECKS <input type="checkbox"/> Insurance Certificates attached <input type="checkbox"/> Indemnity & Release Form on file <input type="checkbox"/> Vehicle displaying Operator Logo / Beacon / Radio	PROCESSING Received ____/____/____ AVP Number Issued ____ Exp. Date ____ Date Issued: ____/____/____ Collected by: _____
PAYMENT Method: Credit Card / Account Invoice Receipt / Invoice # _____ Date ____/____/____	