



YLOW

Kelowna International Airport

1-5533 Airport Way
Kelowna, BC V1V 1S1
250 807-4345
ylw.kelowna.ca

Airside Vehicle Operations Permit Application

SEC-10

APPLICANT:

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ TELEPHONE # _____

DRIVER'S LICENCE # _____ EXPIRY DATE: _____

RAIC # YLW- _____ EXPIRY DATE: _____

CLASS OF LICENCE, ENDORSEMENTS, RESTRICTIONS: _____

RADIO LICENCE ISSUE DATE (ONLY REQUIRED FOR AVOP D - D/S): _____

DATE: _____ SIGNATURE: _____ (Applicant)

Applying for:

- AVOP D (DM-COMMISSIONAIRES)
- AVOP D/A (APRON ONLY)
- AVOP D/S (KF)

EMPLOYER:

The person identified above is an employee of:

COMPANY NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

I, confirm that this applicant has received sufficient training and approve the commencement of both the theoretical and practical AVOP exams, and that there is a requirement for them to operate equipment airside.

Justification: Describe the duties of the applicant which necessitate the issuance of an AVOP.

Does this employee require access to the fuel pumps? YES NO

TITLE: _____ NAME: _____

DATE: _____ SIGNATURE: _____

Company Official

CITY OF KELOWNA:

APPLICATION: APPROVED: REJECTED:

DATE: _____ SIGNATURE: _____

Airport Operations Clerk, PCOI