

CIAA AERODROME VEHICLE OPERATOR PERMIT
APPLICATION FORM

SURNAME: _____

FIRST: _____

MIDDLE: _____

STREET ADDRESS: _____ DISTRICT: _____

P.O. BOX: _____

EMPLOYER: _____

POSITION HELD: _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

NATIONALITY: _____ TELEPHONE #: H _____
W _____

HOW LONG HAVE YOU WORKED WITH CURRENT EMPLOYER? :

THE FOLLOWING REQUIREMENTS HAVE BEEN MET:

- COPY VALID CAYMAN ISLANDS DRIVERS LICENSE:
- CURRENT COMPANY VEHICLE TRAINING RECORD:
- TRAINING IN CIAA SAFETY & SECURITY AWARENESS
(including the contents of this Manual):

I DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND TRUE. I ALSO UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, THE PERMIT IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS:

1. THE PERMIT ENTITLES THE APPLICANT TO OPERATE THE VEHICLE TYPE SPECIFIED ON THE MOVEMENT AREA OF OWEN ROBERTS INTERNATIONAL AIRPORT, IN ACCORDANCE WITH ESTABLISHED SAFETY PRACTICES.
2. ENTRANCE TO A RESTRICTED AREA WILL BE ALLOWED ONLY IF THE APPLICANT HOLDS AND DISPLAYS A VALID ORIA SECURITY ACCESS PASS.
3. USE OF THE PERMIT IS SUBJECT TO THE ENFORCEMENT AND PENALTIES PROCESS DETAILED IN THIS MANUAL.
4. UPON TERMINATION OF EMPLOYMENT THE PERMIT SHALL CEASE TO BE VALID MUST BE RETURNED TO THE CAYMAN ISLANDS AIRPORTS AUTHORITY.

SIGNATURE OF EMPLOYER

SIGNATURE OF APPLICANT

THE COMPLETED APPLICATION FORM AND FEE OF CI\$100.00 SHOULD BE SUBMITTED TO THE CAYMAN ISLANDS AIRPORTS AUTHORITY, P.O. BOX 10098 APO, GRAND CAYMAN.

FOR OFFICIAL USE ONLY

APPROVED/NOT APPROVED PERMIT #: _____

VEHICLE TYPE (S): _____

AREA: _____

AUTHORIZED SIGNATURE: _____