

APPLICATION FORM FOR AVP

AIRSIDE VEHICLE PERMIT APPLICATION(AVPA)		
A PODE TO A NUM	> 7	B 1 0
APPLICANT:	New □	Renewal
Company Name:		
P.O.B:	T-11	/W/ 1) E
Telephone (Mobile):	Telephon	e (Work): Fax:
E-mail Address:		
TECHNICAL DECHIDEMENTS		
TECHNICAL REQUIREMENTS Vehicle/Machine Type:		
Vehicle/Machine Type: Registration No:		
Chassis No:		
Manufacture Year:		
Technical Control Permit (Copy Attached)		
Insurance (Copy Attached)		
insurance (copy attacheu)		
JUSTIFICATION		
Describe the duties of Vehicle/Machine which necessitate a permit to operate at the		
Airside:		
END DATE OF DUTIES		
Indefinite	or	End date//
Names & Title Signature Date		
		/
OPERATOR STATEMENT		
I hereby certify that the information above given is true and correct.		
Names	Signature	Date
//		
L DDD OVILLE		
APPROVAL		
Application accepted		Application rejected
Authorized by:	Title:	Date:
Aumonzed by.	Title.	Date.