CAIRNS AIRPORT ADA LOG SHEET

*****PLEASE NOTE: ALL DRIVER TRAINING/LOGGED HOURS MUST BE COMPLETED WITHIN A 3 MONTH PERIOD FROM THE DATE OF WRITTEN TEST*****

Name of Applicant:	Signing off Supervisor's Name:	
	Signing off Supervisor's Licence CAT type:	
Company:	ADA Number:	Expiry:

· **Category 1 & 2 Licences** - A minimum of ten (10) hours of driver training must be completed in no less than a two (2) week period.
· **Category 3 Licence** - A minimum of ten (10) hours of driver training must be completed in no less than a two (2) week period. (Including 8hrs by day & 2hrs by night.)
· **Category 4 Licence** - A minimum of ten (10) hours of driver training must be completed in no less than a two (2) week period. (Including 6hrs by day & 4hrs by night.)

CAT 1B LICENCE	TRAINER	TRAINEE	SIGNATURE
AIRSIDE ROAD - GENERAL AVIATION	☐	☐	
CAT 1C LICENCE - ALL OF THE ABOVE AND ADDITIONAL SHOWN BELOW:	**TRAINER**	**TRAINEE**	
NORTHERN PERIMETER & FRONT OF TERMINAL ROADS	☐	☐	
CAT 2 LICENCE - ALL OF THE ABOVE AND ADDITIONAL SHOWN BELOW:	**TRAINER**	**TRAINEE**	
AEROBRIDGE - DRIVING IN PROXIMITY OF AEROBRIDGES	☐	☐	
AIRSIDE ROAD - DOMESTIC TERMINAL/BMA	☐	☐	
AIRSIDE ROAD - ROAR	☐	☐	
AIRSIDE ROAD - GSE STAGING & GSE STORAGE (DIFFERENCE BETWEEN)	☐	☐	
AIRSIDE ROAD - INTERNATIONAL TERMINAL / BMA	☐	☐	
AIRSIDE ROAD - PEDESTRIAN CROSSINGS	☐	☐	
FOD TRAINING/DANGERS/AWARENESS/BINS	☐	☐	
RED HATCHED AREAS	☐	☐	
SPEED LIMITS - SHARED ZONES	☐	☐	
STOP SIGNS - LOCATIONS	☐	☐	
AIRCRAFT STANDS : DISTANCE AND SPEED FROM AIRCRAFT	☐	☐	
AIRCRAFT STANDS : REVERSING VEHICLE PROCEDURES	☐	☐	
CAT 3B LICENCE - ALL OF THE ABOVE AND ADDITIONAL SHOWN BELOW:	**TRAINER**	**TRAINEE**	
RADIO FREQUENCY - GROUND 121.7 MHZ	☐	☐	
APRON EDGE LIGHTS	☐	☐	
DISCONNECT LINES & PUSHBACKS	☐	☐	
TAXI LANES	☐	☐	
FAMILIAR WITH TAXIWAY LIGHTS & MARKINGS	☐	☐	
MANOEUVRING TAXIWAYS DAY & NIGHT	☐	☐	
CAT 3A LICENCE - ALL OF THE ABOVE AND ADDITIONAL SHOWN BELOW:	**TRAINER**	**TRAINEE**	
RUNWAY CROSSING PROCEDURES TRAINING	☐	☐	
RUNWAY CROSSING - DAY	☐	☐	
RUNWAY CROSSING - NIGHT	☐	☐	
CAT 4 LICENCE - ALL OF THE ABOVE AND ADDITIONAL SHOWN BELOW:	**TRAINER**	**TRAINEE**	
FAMILIAR WITH : RUNWAY LIGHTS & MARKINGS	☐	☐	
FAMILIAR WITH : CRITICAL AREAS	☐	☐	

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PLEASE ENSURE ADEQUATE DETAIL AND TOTAL HOURS COMPLETED ARE RECORDED CORRECTLY.

DATE:	START TIME:	FINISH TIME:	HOURS COMPLETED:	LOCATIONS OF TRAINING:	TRAINER'S SIGNATURE:	TRAINER'S ADA #:

Total Hours - Day: _____

Total Hours - Night: _____

TOTAL HOURS: _____