

Application Authority to Drive Airside (ADA)

****All persons who drive vehicles on the Airside of Cairns Airport must hold a current Authority to Drive Airside (ADA) issued by Cairns Airport Pty Ltd (CAPL). ADAs issued by other airports are NOT acceptable.**

SECTION 1 – 2 TO BE COMPLETED BY APPLICANT: INITIAL RENEWAL

1. Applicant Details

Surname		ASIC No.	
		ASIC Expiry Date	
Given Names		ADA No.	
		ADA Expiry Date	
Home Address		Employer	
		Driver's Licence No.	
Mobile		Driver's Licence Expiry Date	
Email		AROC No. (where applicable)	

2. Acknowledgement by Applicant

In making this Application, I acknowledge and agree that:

- a) *I have read and understood the Cairns Airport Airside Vehicle Control Manual (AVCM)*
- b) *It is a condition of my ADA that I comply with the AVCM and the Rules for Airside Drivers & Penalty Point System.*
- c) *Failure to comply with the AVCM or the Rules for Airside Drivers & Penalty Point System may result in me accruing demerit points, or having my ADA suspended or withdrawn.*
- d) *I understand that my ADA remains the property of Cairns Airport Pty Ltd and I agree to return the ADA within 30 days of expiry or termination of duty/operational need.*
- e) *I am compliant with CASA CASR Part 99 in regards to the Drug and Alcohol Management Plan requirements.*

Signed:

Date:/...../.....

SECTIONS 3 – 5 TO BE COMPLETED BY APPLICANT'S AUTHORISED SIGNATORY:

3. Certification from Authorised Signatory

I certify that the above applicant (Section 1-3) is required to operate vehicles/equipment at Cairns Airport – please tick the appropriate box for ADA applicant.

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> Category 1A – Dedicated Areas | \$50.00 | <input type="checkbox"/> Reprint ADA | \$30.00 |
| <input type="checkbox"/> Category 1B – General Aviation Only | \$50.00 | | |
| <input type="checkbox"/> Category 1C – Airside perimeter Road | \$50.00 | <input type="checkbox"/> Renewal ADA | \$30.00 |
| <input type="checkbox"/> Category 2 – 1B & 1C plus Aprons | \$60.00 | | |
| <input type="checkbox"/> Category 3A – Taxiways & Designated Runway Crossings | \$70.00 | <input type="checkbox"/> Change of details on ADA Card | \$30.00 |
| <input type="checkbox"/> Category 3B – Taxiways only | \$70.00 | | |
| <input type="checkbox"/> Category 4 – All Movement Areas | \$70.00 | | |

Date ADA Collected:...../...../.....

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4. Acknowledgement by the Authorised Signatory

In certifying this application, I acknowledge and agree that:

- a) For an initial application, the above applicant (Section 1) will undertake the mandatory 10 hours of supervised driving over a 2 week period by a licensed ADA holder of the same or higher category of licence.
- b) That the applicant is compliant with CASA CASR Part 99 in regards to the Drug and Alcohol Management Plan requirements.
- c) I have read and understood the Cairns Airport Airside Vehicle Control Manual (AVCM).
- d) I have approved the Category ADA based on operational need.
- e) I will provide specific training documentation in relation to an airside vehicle/equipment incident.

Authorised Signatory (print name).....

Signature of Authorised Signatory:..... Date:/...../.....

5. Payment for ADA card: (MUST BE COMPLETED)

CARDHOLDER/APPLICANT

EMPLOYER

STATEMENT

Confidentiality: The information contained in this application will not be conveyed to a third party, other than state or federal law enforcement agencies, including the Australian Customs and Border Protection Service without your written approval.

Drug & Alcohol Management Plans are in place at Cairns Airport. Random testing may be carried out by authorized persons under both Cairns Airport and CASA management plans.

NQA Privacy Policy: Is available on the Cairns Airport Website. www.cairnsairport.com.au

OFFICE USE ONLY

Initial Application:

Written Test:	Cat:	Course Date:	Time:
Presentation:	Cat:	Course Date:	Time:

Renewal Application:

Renewal Presentation	Cat:	Course Date:	Time:
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State/Territory Driver's Licence sighted & copied: **Y / N** AROC sighted & copied (if applicable): **Y / N**

Written Test completed: Date:..... Conducted by:(Comp / NYC)

Presentation conducted: Date:..... Conducted by:

Log Book completed & correct: **Y / N**

Practical completed: Date: Conducted by:(Comp / NYC)

Authority to Drive Airside No: Issued:/...../..... Expiry:/...../.....

Approved by (print):

Signature:

Date:/...../.....