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| **AIRSIDE DRIVING PERMIT APPLICATION FORM** |
| Please fully complete the application form and email or deliver to: |
| **Airside Operations Department**Bristol Airport, BS48 3DY | https://image.freepik.com/free-icon/e-mail-envelope--ios-7-interface-symbol_318-36593.pngAirsidedriving@bristolairport.com |

**GUIDANCE NOTES**

1. This form is for any person applying for an Airside Driving Permit (initial or renewal) – this includes those employed directly by Bristol Airport and by airport business partners or third parties.
2. The application form must be completed in full by you, the applicant, and counter-signed by your authorised signatory. Confirm the name of your signatory with your line manager.
3. All applicants applying for an initial ADP need to complete a medical assessment with an occupational health practitioner, except where they already been assessed to an equivalent or higher medical standard. Confirm the details for your health practitioner with your line manager.
4. All applicants applying for an ADP renewal need to complete the **medical self-declaration** section of this form, instead of a medical assessment. You must advise Bristol Airport and your employer if you know of any existing medical condition which may affect your ability to operate a vehicle safely airside. Disclosure of any medical/health conditions may necessitate a specific medical assessment. A medical assessment is required for all renewal applicants after reaching the age of 45.
5. It is the responsibility of the applicant to ensure that all parts of this application form are fully completed with supporting documentation, prior to the course start date.

**COMMUNICATION SKILLS**

It is the responsibility of the applicant’s sponsor to ensure that the applicant is proficient in the English language, in order to complete the required training. The applicant must be able to:

1. Complete the driver training programme, familiarisation and all testing with use of the **English** language throughout. Further assessments of an applicant’s English proficiency may be conducted at the assessor’s request.
2. Communicate incidents which may be required of airside drivers, for example reporting an accident, fault, or hazard.
3. Read and understand signage and safety information found in the vehicle and on the aerodrome, for example the Airfield Drivers Map, aerodrome surface markings and mandatory/information signage.

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| **TYPES OF PERMIT** |
| **Permit Type** | **Areas Accessible** | **Permit Validity** | **Issuing Criteria** | **Cost for Initial** | **Cost for Renewal\*** |
| **‘A’ PERMIT** | Airside roads and aprons only. | 5 years | The majority of drivers will require this permit for use on aprons and roads only, and aircraft pushbacks. | See current BRS Fees and Charges Publication |
| **‘M’ PERMIT** | Airside roads and aprons, and taxiways. | 5 years | This permit is restricted to those requiring regular access to taxiways, including persons towing aircraft between aprons. |
| **‘M/R’ PERMIT** | Airside roads and aprons, taxiways and runway access permitted, including crossing or entry. | 3 years | This permit is restricted to those requiring access to the runway; normally this includes airside operations, RFFS, maintenance and engineering personnel. |
| A free-ranging endorsement may be added to a ‘M’ or ‘M/R’ permit, which will be shown on the permit as (F).A perimeter track endorsement may be added to an ‘A’ permit, which will be shown on the permit as (P).Applicants for an initial ‘M’ or ‘R’ permit must complete the ‘A’ permit training prior; **both** training sessions will be chargeable. Applications for ‘M’ or ‘R’ renewals will only be charged at the renewal rate for the ‘M’ or ‘R’ permit. |
| Cancellations made up to 48hrs prior to course will not be charged. Cancellations made between 48hrs and 24hrs will be charged at 50% of the course fee and cancellations made within 24hrs or ‘no-shows’ will be charged at 100% of the fee. |
| Candidates who fail either the written or practical elements of the training may be able to re-sit the course at a later date (charged at an additional 50% of the initial rate), subject to trainer feedback. Candidates who fail will still be charged. The costs above include the training, assessment and the issue of the driving permit.\* Charges for applicants that fail the practical competency assessment for a permit renewal and that require further training, will be equivalent to the higher cost for an initial permit. |

**PART ONE: TO BE COMPLETED BY THE APPLICANT**

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| **Personal Details** |
| Surname |  | Forename(s) |  |
| Title |  | Nationality |  |
| Date of Birth |  | ID Pass Number |  |
| Contact Number |  | Email Address |  |

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| **Company Details** |
| Company Name |  | Department |  |
| Company Address |  |
| Postcode |  | Telephone Number |  |

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| **Driving License Details** *(proof of full UK driving license is mandatory)* |
| License Number |  |
| License Categories (e.g. B, C1) |  |
| License Expiry Date |  | Copy Attached | Yes |  |

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| **Permit Requirements** |
| Type of Permit Requested | A | Airside Roads and Aprons |  |
| M | Manoeuvring Area (excluding runways) |  |
| M/R | Manoeuvring Area (including runways) |  |
| Endorsements Requested | Free-ranging (F) |  | Perimeter Track (P) |  |
| Detailed Reason for Application |  |
| Is permit a renewal? | Yes |  | No |  | Medical certificate attached? | Yes |  | N/A |  |
| *Fuel tanker drivers only* | Fuel farm safety induction complete? | Yes |  | No |  |  | North Air Signature |  |  |
| What vehicles, plant or equipment are you intending to drive airside? |  |

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| **Medical Self-Declaration – FOR RENEWALS ONLY** |
| Have you any medical condition which could affect your ability to meet the DVLA medical standards for your class of DVLA license? | Yes |  | No |  |
| Have you been advised against any form of driving at present by a doctor or nurse? | Yes |  | No |  |
| Have you any medical condition, health problem or taken any type of medication which may impair your ability to drive safely, either now or in the future?*Note: any applicant with any insulin dependent diabetes, any form of epilepsy, any form of heart disease including past heart attack, alcohol dependency, sight in one eye only, colour blindness, sleep apnoea or those taking any medicine which could affect their safety to drive must have a health assessment prior to the permit being issued or renewed.* | Yes |  | No |  |
| Within the last 10 years have you been involved in any road traffic accident, either in the airside environment or on public roads, where eyesight, health or medication was a factor? | Yes |  | No |  |
| Do you have any disability which is likely to affect driving safely? | Yes |  | No |  |
| I have completed the above by ticking the correct response and understand that any false declaration on this form could result in prosecution and other disciplinary action. (The fact that the airside environment is not a public road does not give exemption from this requirement). I understand that (a) if I am advised by an optician, doctor or nurse to wear spectacles or contact lenses when driving, then this advice must be followed, and (b) that if I have any doubt whatsoever about my fitness to drive, either now or in the future, I must stop driving and advise my manager immediately. |
| **Signature** |  | **Date** |  |

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| **Applicant’s Declaration** |
| I, the undersigned, agree that: |
| 1. In view of the nominal sum, if any, charged for this permit and associated training, I accept that all vehicles are admitted to and remain airside on the express condition that neither Bristol Airport or its staff shall be liable to any loss of, or damage to, the vehicle or its contents, howsoever such loss or damage may be caused.
2. The permit is the property of Bristol Airport and is issued subject to airport regulations and policies. It shall be returned to Airside Operations on request, or when the permit is no longer required for the purposes stated on this application.
3. I, as the driver, will ensure that I only drive on airside areas permitted by the type of permit with which I am issued, and any subsequent instructions or restrictions placed upon me.
4. As the permit holder, I will abide by the airside driving requirements as set out in the Aerodrome Manual and any other procedures or instructions, as amended from time to time, which are issued by the Airport Authority.
5. The permit is valid only when carried on my person and that any defacement or alterations will render it invalid. It must be shown at the request of the Airport Authority.
6. The permit is valid only for the specified driver for which it was issued and is non-transferable between companies or drivers.
7. The driver and any other persons carried (except those specifically exempt) will be in possession of a valid Bristol Airport airside identity pass.
8. I, as the driver, agree to be tested for drugs and alcohol by the Police in the event that I am involved in a serious safety-related incident, or accident, whilst operating a vehicle airside, or suspected of being above the legal limit.
9. To knowingly give false information in connection with this application for an Airside Driving Permit is an offence under the Aviation Security Act 1982, as amended by the Aviation and Maritime Security Act 1990.
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| **Signature** |  | **Date** |  |

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| **Sponsor / Authorised Signatory (Manager) Declarations** |
| Authorised Signatory Name |  | Position in Company |  |
| All information provided in this document is true and accurate. The applicant falls under my management or provides a service on my behalf, and I confirm that they require an Airside Driving Permit to drive in airside areas of Bristol Airport in support of their duties. I also confirm that the applicant will be competent in the use of vehicles which they intend to drive in airside areas, and hold a certificate of competence or appropriate license where required. |
| **Signature** |  | **Date** |  |
| In my opinion there is no reason to suspect that the applicant is in any way unsafe to drive (considering factors including driving safety record, known alcohol dependency, declared health problems/medication). I confirm that I will inform the Airport immediately if I have any reason to doubt their fitness to drive on health/medical grounds. |
| **Signature** |  | **Date** |  |

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| **TO BE COMPLETED BY AIRSIDE OPERATIONS OR AUTHORISED DRIVER TRAINER** |
| I confirm that the applicant has successfully completed the required airside driver training course(s) and has passed the theory and/or practical assessment in the airside environment. |
| Name |  | Signature |  | Date |  |

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| **TO BE COMPLETED BY ID UNIT** |
| Date Form Received |  | Date Permit Issued |  |
| Expiry Date |  | Permit Type Issued |  |
| Issued By |  | Signature |  | Date |  |