

AUTHORITY TO DRIVE AIRSIDE (ADA) APPLICATION FORM



Please complete form and email with supporting documentation to AirportServices@Karratha.wa.gov.au

PART 1 – COMPANY DETAILS

Company Name: _____

Manager / Company Representative: _____

Postal Address: _____

Telephone Number: _____

Email: _____

PART 2 - APPLICANT DETAILS

New ADA

Renewal: Existing ADA No.: Expiry Date: /
Month Year

First Name :

Surname:

Job Title:

Mobile/Contact Number:

Email:

Date of Birth:

Drivers Licence Number:

(Please attach a coloured copy of drivers licence front & Back)

Drivers Licence State/Territory Issued:

Drivers Licence Class:

Drivers Licence Expiry Date:

ASIC Number:

(Please attach a coloured copy of ASIC front & Back)

ASIC Expiry Date:

Aeronautical Radio Operator Certification (Cat 3 ADA Only): _____

Vehicle/s to be Used Airside: _____

PART 3 – AIRSIDE LICENCE CATEGORY

The following Authority to Drive licence is required *(refer to ADA Category Map on the Karratha Airport Website)*:

<input type="checkbox"/>	CATEGORY 1	General Aviation (GA) & RPT Aprons
<input type="checkbox"/>	CATEGORY 2	Aprons and Minor Taxiways (North of TWY Kilo)
<input type="checkbox"/>	CATEGORY 3	All Movement Areas (Aprons, Taxiways and Runways)

PART 4 – ENDORSEMENT BY COMPANY

In signing this acknowledgement, I certify that:

- The applicant listed at Part 2 above is required to drive/operate company vehicles/equipment airside at Karratha Airport for the purpose of conducting their role;
- I have read and understood the Karratha Airport ADA Manual, ADA Handbook and ADA Issuance – Rules and Regulations;
- The applicant has completed any appropriate Company specific vehicle/equipment training and deemed competent
- I will advise Karratha Airport Management immediately if the applicant ceases to be employed by the Company or otherwise no longer is required to drive airside; and
- The applicant will advise Karratha Airport Management immediately in writing if:
 - The ADA licence issued is lost, stolen or damaged
 - The applicant's drivers licence or ASIC is suspended or receives any restrictions or conditions

Company Manager/Representative Name:

Position:

Signature:

Date:

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PART 5 – APPLICANT ACKNOWLEDGEMENT

I, hereby:

Print Full Name

- Certify that the information provided on this form is correct and agree to notify Karratha Airport Management of any changes to the above particulars;
- Confirm that I have read and understood and will comply with the Karratha Airport ADA Manual, ADA Handbook and ADA Issuance – Rules and Regulations;
- Understand that failure to comply with the rules for driving airside or the Regulations may result in the suspension or cancellation of my ADA;
- Understand that I am responsible to advise Karratha Airport Management immediately in writing if:
 - The ADA licence issued is lost, stolen or damaged
 - The applicant's drivers licence or ASIC is suspended or receives any restrictions or conditions
- Consent to City of Karratha collecting, using and disclosing any personal information contained in this application form in accordance with the Privacy Act 1988

Signature:

Date:

OFFICE USE ONLY

Online Training Modules Completed

	<i>Date Completed</i>
General Induction / /
Airside Safety Awareness / /
Airside Driver Training (CAT) / /

Licensing Unit (*Application & Theory*)

AIRDAT ADA eLearning Completed	Y / N	CAT 3 applicant has shown original AROC	Y / N
Original ASIC Provided	Y / N	Original Drivers Licence Provided	Y / N

This will certify that the applicant has undertaken and successfully completed the **ADA theory test** and is eligible for the ADA practical test.

ADA Licensing Officer Name: Signature: Date: / /

Testing Unit (*Practical*)

This will certify that the applicant has undertaken and successfully completed the **ADA practical test**. The applicant is deemed competent to be issued with a Karratha Airport Specific ADA licence to operate a vehicle/equipment at the airside.

ADA Test Officer Name: Signature: Date: / /