

1) Applicant details: New application?: or; Renewal?: of existing permit No:

Company name:

Contact person's name:

Phone: Email:

Company address:

2) Vehicle details: Make: Model:

Year: Registration:

Registration expiry date: WOF/Safety Certificate expiry date:

Vehicle Type (ie, car, ute, truck, etc): Company vehicle/fleet number:

3) Type of work & frequency of access:

4) Areas of use: (tick one selected box below for correct category/area of operation)

Category 1 (blue permit): (ie, for a vehicle to operate on the ramp, red roads, perimeter roads and Exempt Area)

Category 2 (red permit): (ie, for a vehicle to operate on the manoeuvring area, ramp, red roads, perimeter roads and Exempt Area)

5) Other General Requirements (Refer to Section 5 of the Airside Driving and Vehicle Permit Rules)

(tick all boxes below to indicate the vehicle does have all these items)

Category 1 Vehicle: Company Insignia: Seatbelts: Hazard lights: Fleet Number (if applicable):

Category 2 Vehicle: Company Insignia: Seatbelts: Hazard lights: Fleet Number (if applicable):

Beacon: Transponder: UHF/VHF Radio:

What is Cat 2 vehicle's Call Sign?:

Note that: 1. Company insignia and fleet numbers must be displayed on both sides of the vehicle; and
2. Photo evidence that the vehicle has all the above must be submitted to adp@aucklandairport.co.nz with this application

6) A completed copy of form AOT 5 ("Confirmation of Insurance Statement") & a copy of vehicle's current Warrant of Fitness, Certificate of Fitness, Safety Certificate or equivalent acceptable Certificate must accompany this application.

7) Acknowledgement by Applicant: I undertake that in making this application, that the vehicle will be maintained and insured in conformity with Auckland Airport conditions and the Airside Vehicle Permit Rules.

Signed by (name):

(position):

(date):

(signature)

Office use: To record info requested below, AIAL staff to use a separate "sticky note" for each field (look for icon pictured at right), then save the pdf

Public Liability / Vehicle 3rd Party Insurance Confirmation of cover: ("yes"/"no") Name of AIAL staff confirming requirements met:

Approvals: Areas of Use Cat 1: Cat 2: Permit No: Expiry Date:

Approved by: Date: