MACKAY AIRPORT
AIRSIDE DRIVERS AUTHORITY
APPLICATION FORM

MackayAirport
FOR WORKDAYS AND HOLIDAYS

APPLICANT'S PERSONAL DETAILS			
Full Name:			
Company Name:			
Position Held:		**Phone Number:**	

DRIVERS LICENCE DETAILS							
Drivers Licence Number		**State Issued:**		**Class/es:**		**Expiry:**	

APPLICANT'S ASIC DETAILS (Tick & fill which applies)

☐ AUS Issued	☐ MKY Issued	☐ Red Number: -----------------------------------	☐ Grey Number: -----------------------------------	**Expiry:**	

REASON REQUESTING AIRSIDE ACCESS

AREA AIRSIDE WHERE ACCESS IS REQUIRED (please tick)

☐ Perimeter Road	☐ GA Aprons	☐ RPT Apron	☐ All Movement Areas

TYPE OF VEHICLE/S & REGO YOU WILL BE OPERATING OR AIRSIDE VEHICLE PERMIT NUMBER/S

Applicant's Signature:		**Date Signed:**	

Please ensure that your Manager/Supervisor completes the bottom section of the form for authorisation for the ADA

COMPANY DETAILS
MANAGER/SUPERVISORS AUTHORISATION

I certify that the above applicant details are correct and request that an Airside Drivers Authority be issued for the areas indicated.

I undertake to notify Mackay Airport of any changes to the above particulars and to recover and return the Airside Drivers Authority prior to the applicant leaving or upon transfer of the applicant to a position which does not require retention *of the Airside Drivers Authority.*

Manager/Supervisors Name:		**Signature:**	
Position In Company:		**Date:**	

Return completed form in person to the Mackay Airport Administration Building.

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MACKAY AIRPORT
AIRSIDE DRIVERS AUTHORITY
APPLICATION FORM

OFFICE USE ONLY

Received by: _____ Date Received: _____

☐	Photocopy of ASIC taken
☐	Photocopy of Drivers Licence
☐	Photocopy of Aircraft Radio Operator Certificate of Proficiency
☐	ID Photo taken (if not on file)

Date passed to Supervisor Airside Safety: _____

THEORY TEST

Assessed for:	☐ Restricted ADA	☐ Unrestricted ADA
Assessed by: _____		**Date completed**: _____
Result:	☐ PASS	☐ FAIL

DRIVING ASSESSMENT

Assessed for:	☐ Restricted ADA	☐ Unrestricted ADA
Assessed by: _____		
Signature: _____		**Date completed**: _____
Assessed as:	☐ Competent	☐ Not Yet Competent

APPROVAL FOR ADA ISSUE (MAO or SAS ONLY)

Application:	☐ Approved	☐ Not Approved
Name: _____		**Signature:** _____

ADA CARD ISSUE DETAILS

ADA No:	
Date of Issue to Applicant:	
Entered in ADA Register	

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