



APPLICATION FOR AIRPORT RESTRICTED AREA PASS/AVOP

<input type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL

PART 1 – APPLICANT – PRINTING MUST BE LEGIBLE OR YOUR APPLICATION MAY NOT BE ACCEPTED									
Last name			Home address				Company		
Given name(s)			City				Height (cm)		Hair Colour
Date of birth Year	Month		Day		Province		Postal code		Mass (kg)
								Eye Colour	<input type="checkbox"/> Male
									<input type="checkbox"/> Female
Home phone			Work phone				Complexion (fair or dark)		
Provincial driver's license #						Occupation			
Birth Certificate #						Birthplace			
Surname Change: From: _____ To: _____						Reason		Effective Date of Change Year Month Day	
Signature of applicant						Date			

PART 2 – REQUESTING / SIGNING AUTHORITY SIGNATURE									
<p>I, the undersigned, certify that the applicant named above has a requirement for the described Thunder Bay Airport Restricted Area Pass /ITEMS. I further agree that I will notify the aerodrome operator immediately on termination of the pass holder's employment with our company/department and that, should the pass holder's pass not be returned to the aerodrome operator for any reason that our company/department will be subject to a contractual fee set by the aerodrome operator of five hundred dollars (\$500.00).</p>									
PRINT NAME of Designated Signing Authority				Date		SIGNATURE of Designated Signing Authority			
Items Requested By Signing Auth.:		Initials:	<input type="checkbox"/> Keys	<input type="checkbox"/> Key Card	<input type="checkbox"/> Bridge Access	<input type="checkbox"/> Other (specify):			

PART 3 - PASS CONTROL OFFICE ONLY. *DO NOT WRITE IN PART 3*											
ISSUED RIN #				RIN# OF LOST/STOLEN CARD: OLD RIN #				RIN# OF RE-ISSUED CARD: (A \$50 fee may apply) NEW RIN #			
DATE ISSUED	YEAR	MONTH	DAY	DATE EXPIRED	YEAR	MONTH	DAY	DATE ISSUED	YEAR	MONTH	DAY
DATE RETURNED				DATE DEACTIVATED				DATE RETURNED			
REASON CARD WAS RETURNED / DE-ACTIVATED: (All LOST or STOLEN cards must be reported)											
THUNDER BAY PASS NUMBER ISSUED: <div style="border: 1px solid black; padding: 5px; font-size: 24px; font-weight: bold; text-align: center;">YQT#</div>				Please Check RAIC Application Information: <input type="checkbox"/> YES DATA ENTERED <input type="checkbox"/> YES PRINTSTAKEN <input type="checkbox"/> YES PHOTO TAKEN <input type="checkbox"/> YES CRIMINALCHECK <input type="checkbox"/> YES Birth Certificate/Passport (Or an Official Receipt)				OFFICER ENTERING ENROLLMENT DATA: (INITIALS) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div>			
Temporary Expiry Date of Pass			Date Information was Entered into System:								
Year	Month	Day	Year	Month	Day						

PART 4 - AVOP SECTION. SHADED AREA FOR *AVOP EXAMINER* ONLY											
JUSTIFICATION: This applicant is eligible for the AVOP and or BRIDGE CERTIFICATION program and will be trained in AVOP by a qualified operator. The following are the duties of this employee that justify a need to operate a vehicle and or operate a bridge on airside:											
SIGNATURE of Authorized Requesting Manager/Supervisor _____											
TYPE OF AVOP REQUESTED: Check the box that applies: <input type="checkbox"/> DA - Apron and service roads only <input type="checkbox"/> D - All Airside Areas <input type="checkbox"/> ← (With Restrictions?)						Radio Certificate #:					
<input type="checkbox"/> Application was rejected. Reason for Rejection:						Pass Officer Signature:			Date:		
AVOP TEST RESULTS: Ensure individuals RAIC indicates AVOP designation type on template of new card. <input type="checkbox"/> Passed <input type="checkbox"/> Failed						Signature of Testing Officer:			Date:		

Criminal Background Check Completed: N/A Yes – Reference Number: _____

APPOINTMENTS ARE REQUIRED -Call the Pass Control Office at **807-473-2628** for an appointment.