



Authority to Use Airside Application Form

Applicant (Vehicle Operator)

Individual / Company Name:

Email:

Address:

Telephone:

Vehicle details

Make:

Model: Colour: Year:

Registration No: Motive Power:

Special Features:

Is this vehicle state public road registered? Yes No

Note: if the Vehicle is not registered and there are no applicable IATA specifications, then HIAPL approval is required and a serviceability inspection report will be required annually.

Insurances Details – Certificate of Currency must be attached/ Copy of the policy

Insurer:

Policy No:

Amount of cover:

Type of work

Work being undertaken:

Area of Operation:

Communication Equipment – If Applicable

Type installed:

I require that a CALL SIGN be: Issued Transferred

From: Preferred:



Need for Access – If Applicable

Explain the need for frequent and unescorted access to the manoeuvring area:

Vehicle Immobilisation

Explain the process in place if the vehicle is immobilised whilst airside:

Release and Indemnification

In consideration of being granted an Airside Vehicle Permit in accordance with this application, the Applicant agrees to release and indemnify HIAPL, its officers and employees and any persons providing assistance to HIAPL in relation to all claims for damage to the Vehicle in moving the Vehicle if the Vehicle becomes immobilised on the Movement Area.

An Airside Vehicle Indemnity and Release form has been completed and formally executed.

Undertaking and Acknowledgement by the Applicant

I am duly authorised to complete this application form on behalf of the Vehicle Operator.

I have personally read the Airside Vehicle Control Handbook and agree to fulfil the requirements on Vehicle Operators set out in the Handbook.

The Vehicle Operator undertakes to ensure that the vehicle is operated in accordance with the handbook, that the required Insurance coverage shall be maintained, and that the vehicle's registration will be maintained or that the vehicle will be maintained in a roadworthy condition.

I also acknowledge that HIAPL may cancel or suspend this Authority at any time.

Signature: _____ Date: _____

Offices Use Only

Indemnity & Release form received: Yes

Serviceability inspection form received: Yes No N/A

Application approved by: Date: