

# AIRSIDE DRIVING PERMIT APPLICATION

**Form**



## Form Details

Authority Level		Company Level		
<b>Department</b>		Airport Operations / Aviation Security		
<b>Document Number</b>		AOD-ASD-00-FOR-019.01.02		
<b>Document Author</b>		<b>Name</b>	<b>Signature</b>	<b>Date</b>
		Omaima AlDoseri A/Head-Access Control		
<b>Documents Owner</b>		<b>Name</b>	<b>Signature</b>	<b>Date</b>
		Patrick Cuschieri Director – Aviation Security		
<b>IMS Check</b>		<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Approved By</b> <i>(Based on BAC Authority Matrix)</i>		<b>Name</b>	<b>Signature</b>	<b>Date</b>
		Patrick Cuschieri Director – Aviation Security		
Serial, Version, Revision History	Revision Date	Details		
1 019.01.01	06/12/2018	Original Issue		
2 019.01.02	24/08/2020	Second Revision		
3				
4				



**REQUESTING ORGANIZATION**

Organization: \_\_\_\_\_ Request Date: dd / mm / yyyy  
 Auth. Signatory: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

**APPLICANT DETAILS**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 CPR: \_\_\_\_\_ Validity: dd / mm / yyyy  
 Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Light License No.: \_\_\_\_\_ Heavy License No.: \_\_\_\_\_  
 First Issue Date: dd / mm / yyyy First Issue Date: dd / mm / yyyy  
 Expiry Date: dd / mm / yyyy Expiry Date: dd / mm / yyyy

**AUTHORIZED SIGNATORY DECLARATION**

As the authorized signatory I confirm that, to the best of my knowledge, all information provided is true. I accept that the applicant is permitted to drive in the Airport's airside on the condition that neither Bahrain Airport Company nor any of its employees are to be held liable for any loss or damage caused to the requesting driver. I will ensure that the driver is confined to the Roads Only and must not drive on the maneuvering area except when specifically authorized by Bahrain Airport Company and air traffic control to do so and is in possession of the appropriate maneuvering area ADP.

I request that permission is given as specified, and I confirm that driving is required in order to assist in the performance of legitimate duties on behalf of the requesting organization, for a period not exceeding that outlined in the request. I agree that when the pass is no longer required for the stated purpose, I shall arrange for its immediate return to the BAC Airport Access Control Office and recognize that failure to do so may result in further administration charges.

By authorizing this Driving Permit request, I agree that the organization I am representing will pay the published expenses administration associated with the issuance of a BIA Driving Permit. I understand that Bahrain Airport Company has the right to refuse the issue of a Driving Permit where the submitted documentation or applicant does not meet the required criteria, and that BAC – AVESC Department, Airport Access Control Office shall not be held accountable for any delays in the clearance process, cancelation or denial of the submitted request.

Signature and  
Organization  
Stamp:

STAMP

dd / mm / yyyy



**APPLICANT DECLARATION**

**Please sign this section in the presence of the Authorized Signatory staff in order to confirm the following:**

I confirm that the information contained on this application form is complete and accurate.

I agree to abide by the terms and conditions of the issuance of an Airside Driving Permit. I understand that failure to comply with Airport Safety and Security regulations and procedures may result in disciplinary action and/or immediate withdrawal of my Airport Identification Pass/ Driving Permit.

I shall **immediately** report to MOI Airport Police, or BAC Airside Operation, or BAC Airport Access control Office any situation that might violate the safety or security of operations at the Airport (unattended luggage or other objects, suspicious actions from passengers or staff, dangerous items such as guns, knives, explosives, corrosive substances, etc.).

I shall **immediately** report the loss or theft of my Airport Identification Pass/ Driving Permit to the MOI Airport Police, to the BAC AVSEC Department - Airport Access Control Office, and to the pass requesting organization.

I shall promptly return the Airport Identification pass/ Driving Permit, via the requesting organization, to the BAC Airport Access Control Office when it is expired or damaged; when the reason that justified its issuance has been terminated; or when an instruction for such purpose has been issued by the BAC Security Department – BAC AVSEC Department - Airport Access Control Office.

Signature: \_\_\_\_\_ dd / mm / yyyy

**EYESIGHT TEST**

Left Eye


\_\_\_\_\_

\_\_\_\_\_

Distance Vision

\_\_\_\_\_

Near Vision

\_\_\_\_\_

Right Eye


--

COLOUR VISION

--

Eyesight Assessment:

Glasses?

yes

No:

Remarks: \_\_\_\_\_

\_\_\_\_\_

MEDICAL CENTRE  
STAMP

Doctor's Signature: \_\_\_\_\_

dd / mm / yyyy

**BAC Airside Operations – Roads Only ADP**

Applicant tested on: dd / mm / yyyy

PASSED

FAILED

BAC Airside Operations  
Examiner Name:

\_\_\_\_\_

BAC AIRSIDE OPERATION S  
STAMP

Signature: \_\_\_\_\_

dd / mm / yyyy

Attach copies of the following documents, according to the type of authorizations requested:

- Driving License
- CPR
- Temporary/Permanent Airport Pass

Only correctly filled requests with legible written information and supporting documents shall be accepted