

# MANEUVRING AREA ADP APPLICATION

Form



## Form Details

Authority Level		Company Level		
<b>Department</b>		Airport Operations / Aviation Security		
<b>Document Number</b>		AOD-ASD-00-FOR-032.01.01		
<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   032.01.01	24.08.2020	Original Issue		
2				
3				
4				



**REQUESTING ORGANIZATION**

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

**Note: Maneuvering Area ADP Request Form must be signed off and approved before the application and training**

**APPLICANT DETAILS**

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

**AUTHORIZED SIGNATORY DECLARATION**

As the authorized signatory I confirm that, to the best of my knowledge, all information provided is true.  
 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. 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 Maneuvering Area ADP 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, cancellation or denial of the submitted request.

| STAMP |

Signature and Organization 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 BAC Airside Operation (via mobile: 36050775) and BCAA ATC (via VHF) any situation that might violate the safety of operations at the Maneuvering Area (Runway/Taxiway incursions, damage to infrastructure, incident and/or accident occurrences, equipment/vehicle breakdown, etc.).  
 I shall **immediately** report the loss or theft of my Driving Permit to the BAC Airside Operations, to the BAC AVSEC Department - Airport Access Control Office, and to the pass requesting organization.  
 I shall promptly return the Maneuvering 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 BAC Airside Operations or the BAC Security Department – BAC AVSEC Department - Airport Access Control Office.

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



**FOR OFFICIAL USE ONLY:**

**BAC AIRSIDE OPERATION**

Practical  
Assessment Result:

PASSED

FAILED

BAC Airside  
Operations Examiner

Name: \_\_\_\_\_

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

Applicant tested on: \_\_\_\_\_

dd / mm / yyyy

BAC AIRSIDE OPERATION  
STAMP

**Note/ Recommendation**

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

- Driving License
- Roads Only ADP
- CPR
- Maneuvering Area ADP Request Form
- Permanent Airport Pass
- GAA Theoretical Training Certificate
- GAA Practical Training Document

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