

<b>Name:</b>				<b>Company:</b>		<b>ID Number:</b>	
New Application?		Renewal?		Current ADP 'A' Expiry?			
(please tick)✓		Transfer?		LGV already held?			
				LGV required? (see notes)			
Training Course Date:				Trainer:			
Written Test Date:				Score:			
DVLA Driving Licence: Last 8 Digits and Numbers				DVLA/Regulatory Authority Driving Licence Check Code: (case sensitive valid for 21 days)			
<b>Airfield Familiarisation completed</b> (tick)							
<b>DVLA Licence check completed</b> (tick)							
<b>Medical Certificate Received</b> (tick if applicable)							
MAG EMA Operations Trainer Signature, Confirming All Complete							

Candidate Declarations		
I have read all relevant rules and regulations contained in the Aerodrome Manual and Airside Operational Instructions		
Candidate Signature:		
Candidate Self Health Declaration		
Please CIRCLE Yes or No against the following questions. Any Yes response will require medical assessment.		
Have you been advised against any form of driving at present by a doctor or nurse	<b>Yes</b>	<b>No</b>
Have you any medical condition, health problem, or take any type of medication, which may impair your safety to drive either now or in the future. (Note: Any application with insulin dependent diabetes, any form of epilepsy, any form of heart disease including past heart attack, alcohol dependency, sight in one eye only, sleep apnoea or those taking any medication which could affect your safety to drive must have a health assessment prior to permit issue or renewal)	<b>Yes</b>	<b>No</b>
Within the last 10 years have you been involved in any road traffic accident, either in the airport environment or on the public roads where eyesight, health or medication was a factor	<b>Yes</b>	<b>No</b>
Do you have any disability which is likely to affect your driving safely around airside areas	<b>Yes</b>	<b>No</b>
I have completed the above circling the correct response and understand that any untrue declaration on this form could result in prosecution and/or disciplinary action. (The fact that the airside environment is not a public road does not give exemption from this requirement) I understand that (a) if I am advised by an optician, doctor or nurse to wear spectacles or contact lenses when driving then this advice must be followed and (b) if I have any doubt whatsoever about my fitness to drive, either now or in the future, I must cease driving immediately and contact my line manager.		
Driver Signature:		Date: 
<b>Manager please fill in next section overleaf for company declarations</b>		

Managers declaration for issuing of Airside Driving Permit			Please tick ✓
I recommend the individual listed overleaf to be issued with an Airside Driving Permit at East Midlands Airport and agree to the published fees for production. I also agree to the published costs for any training undertaken by East Midlands Airport as per the Terms and Conditions			
In my opinion, there is no reason to suspect that this individual is in any way unsafe to drive (factors to be considered include driving safety record, known alcohol or substance abuse or any declared history of health problem/medication)			
I confirm that the individual listed overleaf has been medically assessed, to DVLA Group 1 standard as a minimum and meets the requirements set out in CAP 790. If the candidate has circled a Yes response on the health declaration, further assessment has been conducted by my company to certify this person safe			
This individual holds a current full driving licence allowing them to drive a motor vehicle on the public roads in the United Kingdom			
For permit renewals or transfers, I confirm that this person has been regularly driving airside during the last 6 months and is assessed as competent. If this person has not operated at East Midlands Airport during the last 6 months this will be treated as a new application			
I confirm that all details provided on this form to my knowledge are true and factual and am not aware of any reason to refuse the issue of an Airside Driving Permit at East Midlands Airport			
Managers Name:		Date:	
Managers Signature:		Position in Company:	
Contact email:			
Contact Telephone Number:			
<b>Notes</b>			
1. All highlighted sections of this form must be completed in full. 2. The application must be sponsored by an employee of managerial status within the sponsoring company. 3. The permit remains the property of East Midlands Airport and must be surrendered on cessation of employment at the Airport, if the holder is disqualified or suspended from driving on public roads, or if required by an Official of the Airport Company. 4. Failure to notify the Airport of a disqualification or suspension of the permit holders driving licence will result in the withdrawal of the Airside Identity Pass. 5. East Midlands Airport retains the right to refuse the issue of or to withdraw an Airside Driving Permit. 6. Issue of an Airside Driving Permit indicates that the holder has passed the relevant test and understands the rules and regulations for driving in airside areas, however further specialist training may be required to operate specific vehicles. 7. An Airside Driving Permit confers no right of entry. 8. Airside Driving Permits are valid for up to 3 years from date of issue. A licence summary must be checked against the DVLA or foreign Regulatory Authority for this. Non-EU driving licence holders, or where no licence summary can be generated will only be issued with a permit for 1 year at which point it must be renewed. 9. Lost or stolen Airside Driving Permits must be reported to the East Midlands Airport ID Unit immediately. 10. An administration fee will be invoiced to the Sponsoring Company for each Airside Driving Permit issued. <b>11. If LGV is required then you must complete the LGV upgrade form and meet the following requirements</b> <b>1. Either have the correct entitlement on your UK driving licence or have held an EMA airside driving permit for 2 months. 2. Airside driving medical class 2 to CAP790 standards (within 6 months). 3. A DLVA check code (21 days)</b>			
<b>Airport Administration Only</b>			
ADP generated?	Yes/No	Date:	
		Name:	