



Training Location: North Terminal, Concourse D, Third floor
 Office Location: Concourse E-20 Ground Level

MOVEMENT AREA DRIVER TRAINING APPLICATION

Class by appointment only, 24 hours advance notice is required. FAX to 305-876-7535 to reserve a seat.

CLASS DATE: _____ **Time:** _____
Exact Date (mm/dd/yyyy)

Class schedule: The second and fourth Wednesday of the month at 0900.
 All attendees must arrive 45 minutes before class for check-in. Classes start at the above times.

PLEASE PRINT LEGIBLY

FIRST NAME:	MIDDLE NAME:	LAST NAME:	LAST 4 OF S.S. XXX-XX-
COMPANY NAME:	AIRPORT BADGE NUMBER:	AIRPORT BADGE EXPIRATION:	JOB TITLE:
DRIVER LICENSE NUMBER:	STATE ISSUED:	DRIVER LICENSE EXPIRATION:	
HOME ADDRESS / CITY / STATE / ZIPCODE:		CONTACT PHONE NUMBER:	WORK PHONE NUMBER:

REQUIREMENTS:

- a) \$15.00 Fee - Cash (Exact Change Required), Company Check, or Money Order - **NO PERSONAL CHECKS**
 Government Agencies - **NO CHARGE**, Tenants with Billing Accounts will be Billed.
- b) All attendees must possess a valid DRIVER LICENSE.
- c) All attendees must bring this original application (not a copy, in blue ink) signed by the Authorized Signer to class.
- d) All attendees must possess a current Non-Movement Area or Movement Area Driver Training Certification.
- e) All attendees are required to have functional knowledge of the English Language.

Below, Please write the job duties that require you to have Movement Area Driver Training.

I acknowledge that all the information given is correct and I also acknowledge that any driving violations as stipulated in Rules and Regulations Chapter 25 can result in either a SAFETY VIOLATION NOTICE (SVN) OR CIVIL VIOLATION NOTICE (CVN) issued to me, which may result in a monetary fine being assessed to me personally.

I acknowledge that in order to renew the AOA Drivers Permit, I must surrender all previous AOA Driver Permits.

Employee Signature _____
Date

I am authorizing the above employee to attend the Movement Area Driver Training class. I affirm that the above employee seeking certification has good reason to operate a motor vehicle on the AOA and by stating such acknowledge that my company accepts liability for any and all damages / injuries that may result from operating a motor vehicle on the AOA. I also acknowledge that the only employees permitted to attend the Movement Area Class (specialized class) are required to move aircraft throughout the airfield and that they meet the above requirements.

Print Name and Title of Authorized Signatory _____ _____
MANAGER OR ABOVE **Signature** **Date**