

AOA NON-MOVEMENT AREA DRIVER TRAINING APPLICATION

Training Location: North Terminal, Concourse D. Third Floor Skyride, across from the Dolphin Garage Parking Area.

Class by appointment only, 24 hours advance notice is required. Please email completed application to AOADT@miami-airport.com

CLASS DATE: _____ **TIME:** _____

Exact Date (mm/dd/yyyy)

CLASS SCHEDULE:	MONDAYS 2:00 PM	TUESDAYS 9:00 AM	THURSDAYS 9:00 AM or 2:00 PM
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FIRST NAME:	MIDDLE NAME:	LAST NAME:	LAST 4 OF SOCIAL: XXX - XX -
COMPANY NAME:	JOB TITLE:	AIRPORT BADGE NUMBER:	AIRPORT BADGE EXPIRATION:
DRIVER LICENSE NUMBER:	STATE ISSUED:	DRIVER LICENSE EXPIRATION:	DATE OF BIRTH:
HOME ADDRESS:	CITY / STATE / ZIP:	CONTACT PHONE NUMBER:	EMAIL:

REQUIREMENTS:

- 1) \$15.00 Fee - Cash, Company Check, or Money Order - **NO PERSONAL CHECKS**
 - Government Agencies - **NO CHARGE**
 - Tenants with billing accounts will be billed.
- 2) Valid state driver's license. (Must be on person at all times while operating motor vehicle)
- 3) Attendees must bring original application (not a copy) signed by the Authorized Signatory.
- 4) Please arrive 45 minutes prior to class time for check-in.

I acknowledge that any driving violations as stipulated in Code of Miami-Dade County, Aviation Department Rules and Regulations Chapter 25 may result in a Civil Violation Notice (CVN) or Safety Violation Notice (SVN) being issued, which may result in a monetary fine being assessed to me personally and I must surrender my AOA Non-Movement Area Driver's Permit upon expiration.

Employee Signature

Date

I am authorizing the above employee to attend the AOA Non-Movement Area Driver Training. I affirm that the above employee seeking certification has the proper justification and need to operate a motor vehicle in the Non-Movement Area at Miami International Airport 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 at Miami International Airport.

Authorized Signatory Name and Title
MANAGER OR ABOVE

Signature

Date

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