Authority to Application Use Airside (AUA)



1. APPLICANT'S DETAILS		*ALL FIELDS ARE MANDATORY*			
Company:		ASIC No		Expiry:	
First Name:		Surname:			
Address:		Title/Position:			
		Phone:			
Email:		Date of Birth:/			
2. ACCESS INFORMATION					
Area:	Reason:			Times per Annum:	
A VEHICLE DETAIL O			□ F -2-4		
3. VEHICLE DETAILS		□ New	☐ Existi	ng	
Make:	Fuel Type:	☐ Unleaded	□ LPG	☐ Natural Gas	
Model:		□ Electric	☐ Diesel	□ Other (specify below)	
Year:					
Registration:	Serial No. (if	Serial No. (if not registered):			
Registration Expiry:/ Communication Equipment:					
		e greater than 2.5	_		
	AVCH para		enicie is rec	quired to be marked as per the	
4. COMPREHENSIVE OR THIRD PARTY PROPERTY INSURANCE					
Insurer: *Copy of Insur		surance Certifica	rance Certificate must be attached*		
Policy Expiry:// Amount		Cover (\$20M minimum): \$			
5. ARRANGEMENTS FOR MOVING VEHICLE IF IMMOBILISED					
C. ACKNOW! EDGEMENT BY T	LIE ADDI IOANT				
6. ACKNOWLEDGEMENT BY THE APPLICANT The Applicant has read the Aircide Vehicle Control Handbook and agrees to fulfil the requirements of Vehicle Operator as					
 The Applicant has read the Airside Vehicle Control Handbook and agrees to fulfil the requirements of Vehicle Operator as set out in the Airside Vehicle Control Handbook. 					
The Applicant will ensure that the vehicle is operated in accordance with the Airside Vehicle Control Handbook (particularly PART 1, the CAR's and CAO's pertaining to vehicles operating Airside).					
The Applicant acknowledges that the AAL Airside Operations Manager may cancel or suspend this Permit at any time.					
• In consideration of being granted an Authority to Use Airside (AUA) in accordance with this application, the Applicant					
agrees to release and indemnify Adelaide Airport Limited (AAL) in relation to all claims for damage to the vehicle in moving the vehicle if the vehicle becomes immobilised on the Movement Area in accordance with the signed Indemnity & Release					
Form.					
Applicants Signature: Date://				<i>1</i>	
Company Authorised Name:		Title/Position:			
Company Authorised Signature:		Date: .		1	
OFFICE USE ONLY					
AUA Permit No:	Issue Date:	Expiry Da	ate:	Indemnity Release held:	
				☐ Yes ☐ No	

Rev: 23/11/2022