

Airside Driving Permit Application Form

ADP Training, Fujairah International Airport

✉ ta@fia.ae Tel: 092055 638



TO BE COMPLETED BY THE APPLICANT

1. Personal Details			
Name		Designation	
Date of Birth		Age	
Contact Number		Email	
Airport Entry Permit ID Number		Staff ID Number	

2. Company Details			
Company Name		Department	
Applicant's Manager		Telephone Number	

3. Driving License Details			
UAE Driving License Number		Expiry Date	
		Copy Attached	Yes <input type="checkbox"/>

4. ADP Requirements					
Type of Permit Requested	ADP Level 1	Airside Service Roads and Aprons	<input type="checkbox"/>		
	ADP Level 2	Manoeuvring Area (including runways, taxiways and strip area)	<input type="checkbox"/>		
Reason for Application	<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal <input type="checkbox"/> Damaged <input type="checkbox"/> Lost Others				
Detailed Purpose of ADP Application					
What vehicle or equipment are you intending to drive airside?	<input type="checkbox"/> A Light Vehicle	<input type="checkbox"/> B Cargo Tow Tractor	<input type="checkbox"/> C M. Belt Loader	<input type="checkbox"/> D Forklift	<input type="checkbox"/> E PAX Steps
	<input type="checkbox"/> F Light Bus	<input type="checkbox"/> G Cobus	<input type="checkbox"/> H Water Truck	<input type="checkbox"/> I Lavatory Truck	<input type="checkbox"/> J Medic Lift
	<input type="checkbox"/> K High Loader	<input type="checkbox"/> L Fire Truck	<input type="checkbox"/> M MCP	<input type="checkbox"/> N Ambulance	<input type="checkbox"/> O Trailer Truck
	<input type="checkbox"/> P Sweeper Truck	<input type="checkbox"/> Q Cherry Picker	<input type="checkbox"/> R A/C Tow Tractor	<input type="checkbox"/> S Catering Truck	<input type="checkbox"/> T Fuel Truck
	<input type="checkbox"/> U Heavy Vehicle	<input type="checkbox"/> V Other Vehicle or Equipment			

5. Medical Requirements			
Age group	Medical assessments	Note: <i>All ADP Holders not driving more than 30 days due to any reason of absence shall report to ADP Office for refresher training course.</i>	
51 years and above	Yearly		
41- 50 years	Every two (2) years		
40 years and below	Every three (3) years		
I am physically and medically fit to the best of my knowledge. I have good eyesight (without colour blindness) and good hearing ability.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I will not be driving in airside area if I am suffering with any sickness which might adversely impact on safe driving in airside (including the serious consequences of high blood pressure and diabetic illness).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I assure to immediately inform my Manager and FIA Authorities of a new medical condition which may affect the safe driving ability.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I undergone last medical examination on date _____ and I was medically <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT <input type="checkbox"/> DIAGNOSED with _____.		Medical certificate attached?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Signature		Date	

Airside Driving Permit Application Form

ADP Training, Fujairah International Airport

✉ ta@fia.ae Tel: 092055 638



6. Document Requirements	
FIA Applicant	<input type="checkbox"/> FIA ID <input type="checkbox"/> UAE Driving License <input type="checkbox"/> Specialized equipment training record <input type="checkbox"/> Medical Certificate <input type="checkbox"/> ADP <input type="checkbox"/> RTF Certificate <input type="checkbox"/> ELP Level 4 Others:
External Applicant	<input type="checkbox"/> Company ID <input type="checkbox"/> UAE Driving License <input type="checkbox"/> Specialized equipment certificate <input type="checkbox"/> ADP <input type="checkbox"/> FIA Pass <input type="checkbox"/> Medical Certificate Others:

DEPARTMENT MANAGER DECLARATION / SPONSOR OR AUTHORISED SIGNATORY							
All information provided in this document is true and accurate. The applicant falls under my management or provides a service on my behalf, and I confirm that they require an Airside Driving Permit to drive in airside areas of Fujairah International Airport in support of their duties. I also confirm that the applicant will be competent in the use of vehicles which they intend to drive in airside areas, and hold a certificate of competence or appropriate license where required.							
Name		Position		Signature		Date	

TO BE COMPLETED BY TRAINING ADMINISTRATOR							
All required documents verified and found appropriate for issuance of the applied permit.						Accept <input type="checkbox"/>	Reject <input type="checkbox"/>
ADP Level 1 <input type="checkbox"/>	ADP Level 2 <input type="checkbox"/>	Duration	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	Comments			
Name				Signature		Date	

MANAGER'S APPROVAL							
<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Comments						
Name				Signature		Date	

TO BE COMPLETED BY AUTHORISED DRIVER TRAINER							
I confirm that the applicant has successfully completed the required airside driver training or manoeuvring airside driver training course(s) and has passed theory and/or practical assessment in the airside environment.							
ADP Level 1	Course date		Name		Signature		
ADP Level 2	Course date		Name		Signature		

ADP OFFICE USE							
Date Form Received		Date ADP Issued		Expiry Date			
ADP Type Issued				ADP Number			
Recipient Name				Signature		Date	