



# Non-Movement Area Driver Application

This application is required for all new drivers who will be operating vehicles or ground support equipment on the airside of Eppley Airfield, Omaha Nebraska

## Sponsoring Company Information

(Please Print Clearly)

Sponsoring Company Name: _____	
I affirm that the Applicant identified below is an employee, or contract employee, of the Sponsoring Company, and as a requirement of his or her assigned job duties, has a need to operate vehicles or ground support equipment on the airside at Eppley Airfield.	
I confirm that this Applicant holds a valid state issued driver's license or holds a current certification to operate vehicles or ground support equipment, through a company training and certification program; and has no driving restrictions that would affect his or her airside driving ability. I understand that knowingly and willfully making any false statements on this application is a punishable offense.	
Authorized Signer' Printed Name: _____	
Authorized Signer's Signature: _____	Date: _____
<small>(Signature must be on file with OAA)</small>	

The below listed Applicant has a need to operate vehicles or ground support equipment in the following areas:

- West** side of the airfield only     **East** side of the airfield only     Both **West** and **East** sides of the airfield

**Note:** If checking both west side and east side of the airfield, the applicant must have been shown the Non-Movement Area Boundary Markings on both the west and east sides of the airfield.

**The below two training items must be completed prior to making application for airside driving privileges.**

1. Applicant has reviewed the Airport Authority's Training Manual for Airside Ground Vehicle Operators.

2. Applicant was physically shown the Non-Movement Area Boundary Markings on the:

- WEST** side of the airfield     **EAST** side of the airfield     Both **WEST** and **EAST** sides of the airfield

**Note:** The boundary markings must be shown on at least one location on the appropriate side of the airfield, however it is preferred that the boundary markings be shown at all locations where the Applicant may drive.

## Trainer Information

Trainer's Printed Name: _____	The Trainer is the individual who performs the physical showing of the boundary markings.
Trainer's Signature: _____	Date: _____

## Applicant Information

(\*Full LEGAL Name is required)

Last Name: _____	First Name: _____	Middle Name: _____
Driver License #: _____	State: _____	Expiration Date: _____

As an Applicant for airside driving privileges I certify that the above two training items have been completed. I agree to abide by all applicable OAA Rules and Regulations especially as they pertain to airside driving.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** All airside drivers must maintain a current state issued driver's license, or company certification. Should an individual's driving privilege be suspended or revoked, or should an individual have driving restrictions imposed that affect his or her airside driving ability, it must be reported to the Airport Police Department immediately.