



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 the 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 the applicant's 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: _____

(Signature must be on file with OAA)

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

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West side of the airfield only

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East side of the airfield only

☐

Both **West** and **East** sides of the airfield

☐

Entire airfield (excluding Movement Area)

The below 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 trained utilizing the OAA Non-Movement Area Drivers Training Checklist.
3. Applicant was physically shown the Non-Movement Area Boundary Markings in all areas the applicant is authorized to drive as indicated on the OAA Non-Movement Area Drivers Training Checklist.

Trainer Information

Certified Trainer's Printed Name:	OAA Non-Movement Area Drivers Checklist completed and retained in tenant company personnel file. ☐
Certified 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 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 Badging Office immediately.