

Airside Vehicle Operator's Permit (AVOP):

Certificate of Appointment DESIGNATE SIGNING AUTHORITY

Information		
Last Name:	First Name:	
Position / Job Title:	Department / Division:	
Email:	Phone Number:	Are you based in YYC? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Certificate of Responsibility	
I certify that I accept the appointment and responsibility as the AVOP Designated Signing Authority for the company and division(s) identified above:	
Name: <i>(Printed)</i>	
Signature:	Date:

Terms of Appointment <i>(Read and Checkmark)</i>
<input type="checkbox"/> As the AVOP Designated Signing Authority, you are responsible to your AVOP Senior Signing Authority to ensure individuals employed by your organization comply with the YYC Airside Traffic Directives (ATD) and AVOP Manual.
<input type="checkbox"/> Your AVOP Senior Signing Authority has assumed financial liability on behalf of your organization for all charges levied for failure by anyone under the control of your organization to comply with the YYC Airside Traffic Directives (ATD) and AVOP Manual.
<input type="checkbox"/> You are responsible to your Senior Signing Authority for all your actions.

Designate Acknowledgement	
Name: <i>(Printed)</i>	
Signature:	Date:
Senior Signing Authority	
Name: <i>(Printed)</i>	
Signature:	Date: