

Airside Vehicle Operator's Permit (AVOP):

Certificate of Appointment

SENIOR 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 Senior Signing Authority for the company and division(s) identified above:	
Name: (Printed)	
Signature:	Date:

Terms of Appointment (Read and Checkmark)	
<input type="checkbox"/> As the AVOP Senior Signing Authority, you have the prime responsibility within your organization to ensure that individuals employed by your organization are complying with the YYC Airside Traffic Directives (ATD) and AVOP Manual.	
<input type="checkbox"/> You assume 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 may designate other individuals within your organization to assist you with this appointment, titled AVOP Designated Signing Authorities. Your number of delegates is to be kept to an absolute minimum, and you are responsible for the actions of all designates you appoint. If the AVOP Office receives an AVOP Application Form signed by an individual who is not an appointed designate, the applicant will be turned away and your organization will be charged for the incomplete appointment. Absolutely no calls will be made to you at the time of an appointment. You are responsible for communicating all new designates to the AVOP Office at avop@yyc.com before the AVOP Application Form will be accepted.	

Acknowledgment	
Name: (Printed)	
Signature:	Date: