

1. DETAILS

COMPANY NAME	
CONTACT NAME	
PHONE	MOBILE
POSTAL ADDRESS	
ADA NUMBER	CATEGORY NO

2. VEHICLE DETAILS

MAKE/MODEL	YEAR
REGISTRATION NUMBER	
GROSS VEHICLE MASS	

3. INSURANCE

A copy of Insurance policies must be attached

i. PERSONAL INJURY- THIRD PARTY

Registered Vehicle (CTP Insurer)	Unregistered Vehicles (Hangerkeepers)
Expiry Date of Policy	

ii. PROPERTY DAMAGE- COMPREHENSIVE

Insurer	Amount of Cover (\$20M min)
Expiry Date of Policy	

OFFICE USE ONLY

Indemnity and release executed and lodged with BAL	<input type="checkbox"/>
Copy of Insurance policies lodged with application	<input type="checkbox"/>
Vehicle check- Registration on vehicle / pink slip for unregistered vehicles	<input type="checkbox"/>
Payment Made	<input type="checkbox"/>

AUA No		Expiry Date	Paid (Y/N)	Issued
<i>Area of Operation</i>		ASA <input type="checkbox"/>		ALL <input type="checkbox"/>
AUA Issue Approved By				
<i>Name</i>	<i>Signed</i>			

1. Explain the need for frequent unescorted access and the type of work to be undertaken airside.

2. State the airside area in which you intend to operate your vehicle.

3. RELEASE AND INDEMNIFICATION

- In consideration of being granted an Authority to Use Airside (AUA) in accordance with this application, the Applicant agrees to release and indemnify Bankstown Airport Limited (BAL), its officers and employees and any persons providing assistance to BAL/CAL in relation to all claims for damage to the Vehicle in moving the vehicle should it become immobilised on the Movement Area.
- I, the Applicant, have personally read the 'Rules for Drivers Operating Airside Handbook' and agree to fulfil all the requirements for vehicle operators as set out in this booklet.
- I, the Applicant, as the Vehicle Operator, undertake to ensure that the vehicle is operated in accordance with the 'Rules for Drivers Operating Airside Handbook'.
- I, the applicant, understand vehicles MUST have 360deg visibility amber beacon fitted whilst operating airside.

Applicant's Name

Applicant's Signature

Payment Method			
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Cheque No:	Account <input type="checkbox"/>
Direct Deposit <input type="checkbox"/>		ACC NAME: Bankstown Airport	BANK: CBA BSB: 062000 ACC No: 11367699
Credit Card <input type="checkbox"/>	Name on Card:		
Number:		Exp Date:	CCV No:
Signature:			

Please note: AUA will not be issued without payment.

How to lodge your application:

Send your completed application form and payment and to:

Email: am@bankstownairport.com.au

Fax: (02) 9791 0230

Post: 3 Avro Street, Bankstown Airport, NSW, 2200