

D AVOP PRACTICAL TRAINING AND EXPERIENCE RECORD FORM

BERMUDA SKYPORT CORPORATION LTD.

ISSUE 3.0 EFFECTIVE DATE: February 2025

Name of Applicant: _____

Name of Employer: _____

****Special Note**** If driving at night is required of the applicant, nighttime driving experience should be at least 30 mins of the minimum requirement of 1.5 hrs. of training.

CHECK THE BOXES BELOW

<p><u>– Before Starting:</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Inspects vehicle (walk around, including FOD)</p> <p><input type="checkbox"/> <input type="checkbox"/> Checks lights, turn signals, break lights</p> <p><input type="checkbox"/> <input type="checkbox"/> Checks beacon and tires (for dirt)</p> <p><input type="checkbox"/> <input type="checkbox"/> Confirm Map is in the Vehicle</p> <p><input type="checkbox"/> <input type="checkbox"/> Adjusts rear view and side mirrors</p> <p><u>– When Driving:</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Obeys the rules of the road</p> <p><input type="checkbox"/> <input type="checkbox"/> Stops for security</p> <p><input type="checkbox"/> <input type="checkbox"/> Ensures gate closes gate after entry/exit</p> <p><input type="checkbox"/> <input type="checkbox"/> Secures gate/fence (when required)</p> <p><input type="checkbox"/> <input type="checkbox"/> Wears security pass visibly</p> <p><input type="checkbox"/> <input type="checkbox"/> Uses mounted light beacon when driving</p> <p><input type="checkbox"/> <input type="checkbox"/> Turns mounted light beacon off when parked (Apron only)</p> <p><input type="checkbox"/> <input type="checkbox"/> Maintains speed limit on Aprons and perimeter Road</p> <p><input type="checkbox"/> <input type="checkbox"/> Identifies applicable pavement markings, lights, signs</p> <p><input type="checkbox"/> <input type="checkbox"/> Demonstrates how to give right-of-way to aircraft</p> <p><input type="checkbox"/> <input type="checkbox"/> Gives right-of-way to service vehicles & pedestrians</p> <p><input type="checkbox"/> <input type="checkbox"/> Enters/exits and crosses vehicle corridors properly</p>	<p><u>– Before Entering Maneuvering Areas:</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Plans intended route</p> <p><input type="checkbox"/> <input type="checkbox"/> Checks airfield and sky for aircraft</p> <p><input type="checkbox"/> <input type="checkbox"/> Checks to ensure radio is on correct frequency</p> <p><u>– Uses Proper Radio Procedure</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Uses standard phraseology</p> <p><input type="checkbox"/> <input type="checkbox"/> Uses phonetic alphabet correctly</p> <p><input type="checkbox"/> <input type="checkbox"/> During call up to ATC- uses full vehicle call sign</p> <p><input type="checkbox"/> <input type="checkbox"/> provides to ground in Request – ID, location, route, destination</p> <p><input type="checkbox"/> <input type="checkbox"/> Read-back – instructions, hold shorts</p> <p><u>– Driving in Maneuvering Area</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Obtains authorization from ground control</p> <p><input type="checkbox"/> <input type="checkbox"/> Follows ground control's instructions</p> <p><input type="checkbox"/> <input type="checkbox"/> Maintains visual check for aircraft</p> <p><input type="checkbox"/> <input type="checkbox"/> Obeys signage and markings</p> <p><input type="checkbox"/> <input type="checkbox"/> Familiar with Light Gun Signals for (Air and Ground)</p> <p><u>– Is able to locate (without map) and drive to if required</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Aircraft stands and aprons by number</p> <p><input type="checkbox"/> <input type="checkbox"/> Aircraft stand taxi lanes</p> <p><input type="checkbox"/> <input type="checkbox"/> Apron edge Lights</p> <p><input type="checkbox"/> <input type="checkbox"/> Runway Threshold</p> <p><input type="checkbox"/> <input type="checkbox"/> Emergency Fuel Shutoff Buttons</p> <p><input type="checkbox"/> <input type="checkbox"/> Taxiway hold short lines leading onto a runway</p> <p><input type="checkbox"/> <input type="checkbox"/> A FOD Bin</p> <p><input type="checkbox"/> <input type="checkbox"/> Taxiway leading to runway</p> <p><input type="checkbox"/> <input type="checkbox"/> Restricted navigational aids and other facilities</p> <p><input type="checkbox"/> <input type="checkbox"/> Runways and taxiway</p>
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Date(s)	Trainer(s)	Hrs./Min	Details Where did you drive? What was experienced? Label night driving specifically when performed	Observers Signature

I acknowledge that the applicant completed th prerequisite to begin the AVOP course.

Signature of OBSERVER: _____