

D/A 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>– Before Starting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inspects vehicle (walk around, including FOD, Fluid leaks) <input type="checkbox"/> Checks lights, turn signals, break lights <input type="checkbox"/> Checks beacon <input type="checkbox"/> Checks tires (for dirt, mud, etc.....) <input type="checkbox"/> Confirm Map is in the Vehicle (knows where to find one) <input type="checkbox"/> Adjusts rear view and side mirrors <p>– When Driving:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obeys the rules of the road <input type="checkbox"/> Stops for security <input type="checkbox"/> Ensures gate closes gate after entry/exit <input type="checkbox"/> Secures gate/fence (when required) <input type="checkbox"/> Wears security pass visibly <input type="checkbox"/> Uses mounted light beacon when driving <input type="checkbox"/> Turns mounted light beacon off when parked (Apron only) <input type="checkbox"/> Maintains speed limit on Aprons and perimeter Road <input type="checkbox"/> Identifies applicable pavement markings, lights, signs <input type="checkbox"/> Demonstrates how to give right-of-way to aircraft <input type="checkbox"/> Gives right-of-way to service vehicles & pedestrians <input type="checkbox"/> Enters/exits and crosses vehicle corridors properly 	<p>– Is able to locate (without map) and drive to if required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aircraft stands and aprons by number <input type="checkbox"/> Aircraft stand taxi lanes <input type="checkbox"/> Apron edge Lights <input type="checkbox"/> Emergency Fuel Shutoff Buttons <input type="checkbox"/> Taxiway hold short lines on an apron <input type="checkbox"/> A FOD Bin <input type="checkbox"/> Hangars and other facilities
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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 the prerequisite to begin the AVOP course.

Signature of OBSERVER: _____