

AVOP PRACTICAL EXPERIENCE RECORD FORM BERMUDA SKYPORT CORPORATION LTD.

EFFECTIVE DATE: September 2022

Applicants Surname: _____

Applicant's Given Names: _____

Name of Employer: _____

Employer's Telephone Number: _____

Employer's Email Address: _____

I, the undersigned observer, attest that this applicant has completed a minimum of **1.5 hours of experience** in the areas stated below.

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

<p><u>– Before Starting:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Inspects vehicle (walk around, including FOD) <input type="checkbox"/> Checks lights, turn signals, break lights <input type="checkbox"/> Checks beacon and tires (for dirt) <input type="checkbox"/> Confirm Map is in the Vehicle <input type="checkbox"/> Adjusts rear view and side mirrors <p><u>– When Driving:</u></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><u>– Before Entering Maneuvering Areas:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Plans intended route <input type="checkbox"/> Checks airfield and sky for aircraft <input type="checkbox"/> Checks to ensure radio is on correct frequency <p><u>– Uses Proper Radio Procedure</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses standard phraseology <input type="checkbox"/> Uses phonetic alphabet correctly <input type="checkbox"/> During call up to ATC- uses full vehicle call sign <input type="checkbox"/> provides to ground in Request – ID, location, route, destination <input type="checkbox"/> Read-back – instructions, hold shorts <p><u>– Driving in Maneuvering Area</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtains authorization from ground control <input type="checkbox"/> Follows ground control's instructions <input type="checkbox"/> Maintains visual check for aircraft <input type="checkbox"/> Obeys signage and markings <input type="checkbox"/> Familiar with Light Gun Signals for (Air and Ground) <p><u>– Is able to locate (without map) and drive to if required</u></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"/> Runway Threshold <input type="checkbox"/> Emergency Fuel Shutoff Buttons <input type="checkbox"/> Taxiway hold short lines leading onto a runway <input type="checkbox"/> A FOD Bin <input type="checkbox"/> Taxiway leading to runway <input type="checkbox"/> Restricted navigational aids and other facilities <input type="checkbox"/> Runways and taxiway
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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: _____