Brighton City AIRPORT

Before access is gained the vehicle, equipment or organisation requesting access must be covered by a suitable insurance which must include airside cover. Please ensure compliance before requesting access.

# EGKA AD006 AIRSIDE ACCESS REQUEST FORM (complete all sections)

**PART A GENERAL INFORMATION**

| Date: | From a.m./ p.m. to a.m./ p.m. | Time complete off site:<br>Ops Sign: |
|---|---|---|

| Request made by & responsible person: | Contact number for emergency communications (on site): |
|---|---|
| Operator requiring access: | Address & telephone no: |

**PART B DESCRIPTION OF ACCESS REQUIRED – HAZARDS - VEHICLE DETAILS**

| From Gate No: | Two (2) | | Eight (8) | | Ten (10) | | Thirteen (13) | |
|---|---|---|---|---|---|---|---|---|

1, Description of Access Required, Including Reason:

2, To Grid Reference/Property/Area (see grid map):

| **3, Risk assessment present:** **Yes / No** | Or Precautions Taken for Known Risks and Hazards: | **Hazardous materials present:** **Yes / No** |
|---|---|---|

4, List Hazardous Materials or Any Limitations or Other Information to Mitigate Known Risks:

Vehicle or Equipment Details: Type, Registration, Variant.

3rd Party Company Details (if applicable) and responsible person:

**Name Print:** **Sign:**

BEFORE SIGNING ANY SECTION OF THIS PERMIT THE APPLICANT WILL ENSURE ALL PARTIES FULLY UNDERSTAND WHAT IS REQUIRED OF THEM IN REGARDS TO AIRSIDE SAFETY

| PART C AUTHORISATION – PRE ACCESS | |
|---|---|
| (Operator to complete)<br>I fully understand and accept the all responsibility for the movement and vehicle(s) and confirm I am liable for any acts and omissions for any and all vehicles and persons carrying out the described in part B for and on my behalf and confirm insurance cover is in place at Shoreham Airport.<br><br>Acceptance signature ……..……..……..<br><br>Date ……..<br><br>Print name ……..……..…… | (Nominated Driver/Person to Complete)<br>I declare that the information detailed above is correct and that all precautions have been taken in regards to Health and Safety. I also confirm I have been fully briefed by the competent and responsible person in part A for Airside operations and that suitable insurance is in place to cover such works airside at Shoreham Airport.<br><br>Authorisation signature ……..……<br><br>Date ……..<br><br>Print name ……..…… |
| **PART D Authorisation Shoreham Airport** | |
| Duty ATCO to complete.<br><br>I agree / I decline to approve the access request for the reason below.<br><br>Signature ……..……<br><br>Print name ……..……<br><br>Date/time: a.m./ p.m: | Operations Manager or Operations Supervisor to complete.<br><br>I agree / I decline to approve the access request for the reason below.<br><br>Signature ……..……<br><br>Print name ……..……<br><br>Date/time: a.m./ p.m: |

| ACCESS APPROVED | YES | NO | Access Permit no. AA001- |
|---|---|---|---|

**Should you be refused this permit you can appeal to the Operations Manager, please use operations@flybrighton.com**

BEFORE SIGNING ANY SECTION OF THIS PERMIT THE APPLICANT WILL ENSURE ALL PARTIES FULLY UNDERSTAND WHAT IS REQUIRED OF THEM IN REGARDS TO AIRSIDE SAFETY