

SANTA BARBARA AIRPORT
APPLICATION FOR AIRFIELD DRIVING PRIVILEGES
(this form to be completed by your organization's Signatory Authority)

1. APPLICANT INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	DRIVERS LICENSE NO.	STATE
SPONSORING ENTITY		AFFILIATION: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CUSTOMER <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER:		
BADGE STATUS			LIST TITLE IF APPLICANT IS AN EMPLOYEE	
1. SIDA BADGE - <input type="checkbox"/> Applicant is in the process of applying for a SIDA Badge <input type="checkbox"/> Applicant is a SIDA Badge Holder				
2. AOA BADGE - <input type="checkbox"/> Applicant is in the process of applying for an AOA Badge <input type="checkbox"/> Applicant is an AOA Badge Holder				

2. DRIVING PRIVILEGE TYPE - INDICATE THE TYPE OF DRIVING PRIVILEGE THE APPLICANT IS TO HAVE (check all that apply):

RAMPS-NON MOVEMENT AREA: (indicate below whether the driving privilege is for a SIDA or AOA badge holder)

SIDA Badge Holders (SIDA Ramp) **AOA Badge Holders** (General Aviation Ramp)

MOVEMENT AREA - authorizes driving in areas requiring ATC tower clearance such as runways, taxiways and safety areas.

PROJECT SPECIFIC – authorizes driving only in those areas pertaining to the project the applicant is involved with.

3. TRAINING CERTIFICATION - INDICATE THE TRAINING PROVIDED, OR TO BE PROVIDED, TO APPLICANT (check all that apply):

RAMPS-NON MOVEMENT AREA:

SIDA Badge Holders/Applicants - I certify that I have administered and the applicant has successfully passed the SIDA Ramp driving test with score of 80% or higher.

AOA Badge Holders/Applicants – I certify that:

- I will issue the applicant a General Aviation Ramp Access Vehicle Permit once the applicant receives an AOA Badge.
- I will provide the applicant with the terms and conditions of the Ramp Access Vehicle Permit.
- I will provide the Applicant with instructions regarding the safe operation of vehicles on an aviation ramp.
- I will deliver a copy of the General Aviation Ramp Access Vehicle Permit Application to the Airport Department.

MOVEMENT AREA– I certify that:

I have provided the applicant with driver training as required under 14 CFR 139.329(e) which included:

- Airport familiarization, including airport markings, lighting and signs systems.
- Procedures for access to, and operations in, movement areas and safety areas.
- Airport communications, including ATCT and CTAF frequencies and instruction in the procedures for reporting unsafe airport conditions.

Applicant has a need to drive on a movement area and I request a SCAN class for applicant.

PROJECT SPECIFIC – I certify that:

- Applicant is part of a project entitled: _____.
- The applicant has a need to drive in the area(s) described below.
- I request that the applicant receive SCAN training from the Airport Department.
- The areas the applicant will be driving in are as follows: _____

4. SIGNATORY AUTHORITY CERTIFICATION

I certify that I have personally reviewed each item in this application and approve the items requested for _____ (applicant's name)

Name (Print): _____ Title _____ Signature: _____ Date: _____

INSTRUCTIONS TO APPLICANTS NEEDING SCAN CLASS – Tender this application to the Badging Office when you submit your Application For Access Media (make sure it's signed by your Signatory Authority). The Badging Office will complete the "SCAN CLASS INFORMATION" section at the bottom of this form and return the form to you. Once your SCAN training has been authorized by the Badging Office please have your Signatory Authority call (805) 692-6005 to schedule a SCAN class for you. Your SCAN instructor will need to see this form to verify that the Badging Office has authorized you to receive this training. The instructor will also need to sign this form to certify that you attended the class. Once this form is signed by the instructor please return it to the Badging Office.

AIRPORT DEPARTMENT USE ONLY

<p>SCAN Class Information</p> <table border="1"> <thead> <tr> <th></th> <th>Completed by</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> SCAN class not required</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Applicant can proceed with SCAN class</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Signatory signature verified by</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> SCAN training completed</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Completed by	Date	<input type="checkbox"/> SCAN class not required	_____	_____	<input type="checkbox"/> Applicant can proceed with SCAN class	_____	_____	<input type="checkbox"/> Signatory signature verified by	_____	_____	<input type="checkbox"/> SCAN training completed	_____	_____	<p>DTD Information</p> <p>Digital Transmitter Issued:</p> <p><input type="checkbox"/> YES, DTD Number is _____</p> <p><input type="checkbox"/> NO, DTD not required for this applicant</p> <p>Completed by: _____ on: _____</p>
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