

Application for Airside Vehicle Identification Permit
 PLEASE COMPLETE ONLINE AND PRINT – PHOTOCOPY OR SCAN OF THIS APPLICATION ARE NOT ACCEPTABLE

Part 1 – Vehicle Owner Information			
Company Name		Company Address	
Contact Name			
Primary Number e.g. (416)-555-1234		City	
Email Address		Province	Postal Code
		Country	
Part 2-Vehicle Information			
Make	Year	Type	License Plate
VIN		Insurance Company	
Insurance Certificate No.		Insurance expiry	
Type of AVIP Requested			
Apron Only ☒	All Airside Areas ☐	Requested Callsign:	
Justification			
Authorization AS AN AUTHORIZED SIGNING AUTHORITY, I CERTIFY THAT THE VEHICLE IDENTIFIED ABOVE: A) IS REQUIRED AIRSIDE TO CONDUCT THE SERVICES INDICATED; B) HAS BEEN PROPERLY EQUIPED AS IDENTIFIED IN THE AIRPORT TRAFFIC DIRECTIVES; C) IS SUBJECT TO INSPECTION BY A PORTSTORONTO MECHANIC AND MUST BE DEEMED MACHANICALLY ACCEPTABLE			
Signing Authority Name		Date (DD-MMM-YYYY)	Signature of Signing Authority
Signing Authority Job Title			
Signing Authority Email Address		Signing Authority Telephone	
Part 3-Consent and Receipt of AVIP (to be completed by Pass Control Office)			
I CERTIFY THAT I CONSENT TO PORTSTORONTO COLLECTING THE INFORMATION DESCRIBED ABOVE. IN ADDITION: A) I ACKNOWLEDGE THAT THE EQUIPMENT IS REQUIRED AIRSIDE; B) THE EQUIPMENT MUST REMAIN IN GOOD OPERATING ORDER; C) AIRSIDE ACCESS IS A PERVLIGE AND CAN BE REVOKED FOR CAUSE AT ANY TIME; D) THE AVIP IS NON-TRASFERABLE; E) THE AVIP MUST BE RETURNED TO THE PASS OFFICE WHEN THE VEHICLE IS REMOVED FROM SERVICE.			
Company Contact Signature	Date (DD-MMM-YYYY)	AVIP ISSUED	
PCO Signature	Date (DD-MMM-YYYY)	Number ☒ ☐	