

CENTRAL ILLINOIS REGIONAL AIRPORT - RECORD OF DRIVER'S TRAINING

Printed Name of Driver: _____
(Last) (First)

State Issued Driver's License Number: _____ ST: _____

Organization: _____

Driving Privileges

The driver listed above has fulfilled the requirements of the Central Illinois Regional Airport's driver's training program and is hereby granted the following privilege.

Movement Approval Date: _____ Approved by: _____

Non-Movement Approval Date: _____ Approved by: _____

Testing

Passed Written Test Date: _____ OPS Supervisor: _____

Passed Practical Test Date: _____ OPS Supervisor: _____

(Only applies to Movement Drivers)

Restrictions

Agricultural - Only allows the operator access to those areas of the airfield that are used for agricultural purposes.

Ramp - Only allows the operator access to a specific ramp.

_____ Ramp Name

Construction - Only allows the operator access to a specific portion of the airfield as part of a construction project.

_____ Project Name

Manual/AOA Map

Driver's Initials: _____ The above named driver has reviewed a current copy of the Central Illinois Regional Airport's Driver's Training Manual/Map. An individual copy will be provided to the driver upon request.

Letter of Understanding

I understand that operating a vehicle at the Central Illinois Regional Airport is a privilege, not a right. I understand that I will be held responsible for any infractions/unsafe driving practices and will be subject to fines, suspensions, and the revocation of my driving privileges. Furthermore, I agree that I will abide by all the rules and regulations of the Central Illinois Regional, Federal Aviation Administration, applicable state and local laws, and will follow all the driving practices set forth in the Driver's Training Manual.

Signature of Driver

Date