

READING REGIONAL AIRPORT

Ground Vehicle Operating Familiarization Program Training Record

Employees' Name: _____

Employee's Position: _____

Company Name: _____

Social Security Number: _____

Driver's License State & Number: _____

Driver's License Expiration date: _____

I agree to abide by all rules and regulations prescribed for the operations of a vehicle with in the Airport Operations Area (AOA). As of this time, I certify that I hold a current and valid driver's license. If for any reason my license becomes invalid or revoked, I will notify the Reading Regional Airport immediately.

Sign your name and indicate today's date below:

(NAME)

(DATE)

PERMITTED VEHICLE OPERATING AREAS

Location

- ☐ General Aviation Ramp / AOA
- ☐ Air Carrier / Terminal Ramp
- ☐ Tie- down Tenant
- ☐ ATCT
- ☐ All Areas

I certify that the above named individual has satisfactorily completed the Driver Training Program / Annual Recertification.

Instructor's Signature: _____