



DRIVER'S TRAINING QUESTIONNAIRE

(FORM REQUIRED FOR ALL DRIVERS)

All Airport Security Identification Badge holders who are required to operate vehicles on the Airport must obtain a driver designation ("D" designation on the badge) by completing the Air Operations Area (AOA) Driver's Training Program with successful testing.

FAA (FAR Part 139.329) requires that all designated drivers with access to the Aircraft Movement Area (taxiways, runways and their safety areas) will complete a supplementary Movement Area Driver's Training Program ("M" designation on the badge) prior to the initial performance of such duties and at least once every 12 consecutive calendar months. Failure to complete the recurrent training within the required time period will result in an immediate badge suspension. Pedestrian and vehicle operations are forbidden in the Aircraft Movement Area unless the individual has an authorized purpose and has completed the Aircraft Movement Area Driver's Training Program within the last 12 months.

Company/Agency: _____

Employee's Name: _____

Please select one from the options below:

- ☐ Employee (driver) does not require access to the Aircraft Movement Area
(Employee will complete "AOA" Driver's Training Program and receive "D" designation on the airport badge)
- ☐ Employee (driver) requires access to the Aircraft Movement Area
(Employee will complete both "AOA" and "Aircraft Movement Area" Driver's Training Programs and receive "D" and "M" designations on the airport badge)

If the employee requires access to the Aircraft Movement Area, please provide the reason:

- | | |
|--|--|
| <input type="checkbox"/> Involved in Aircraft Pushback from Terminal | <input type="checkbox"/> FAA or NWS Employee with Movement Area Duties |
| <input type="checkbox"/> Involved in Aircraft Taxiing or Towing in the Movement Area | <input type="checkbox"/> City of Fresno Airport Dept. Employee with Movement Area Duties |
| <input type="checkbox"/> Involved in Disabled Aircraft Recovery | <input type="checkbox"/> Military Employee with Movement Area Duties |
| <input type="checkbox"/> Construction Company Contractor Requiring Unescorted Access | <input type="checkbox"/> Other (explain below) |

Other: _____

Authorized
Signer's Name: _____

Title: _____

Signature: _____

Date: _____