

ROUTE BRAVO REQUEST FORM

All applicants requesting Route Bravo Driving privileges must first review and understand the Route Bravo Drivers Training Handbook. Following review of the Handbook, applicants must complete this Request Form prior to a practical training session conducted by Airport Operations. A copy of the completed Request Form must be provided to Airport Operations.



Trainee Information:

Organization: _____

Full Name: _____

Date: _____

INITIAL TRAINING

RECURRENT TRAINING

1. I understand that I only have access to Route Bravo as depicted below as well as in the Route Bravo Training Handbook. Initial: _____

2. I understand that I must contact the ATCT via radio prior to proceeding across Route Bravo. Initial: _____

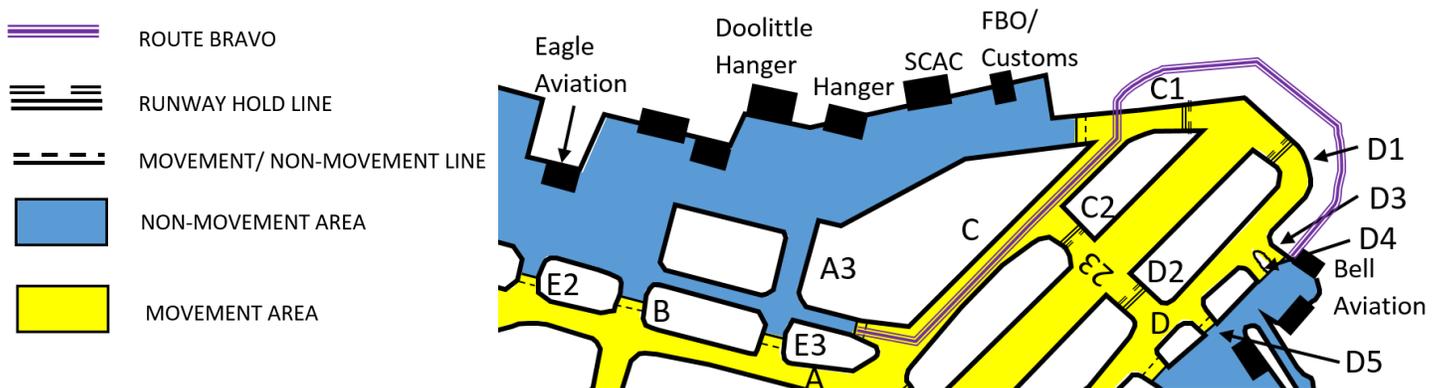
3. I understand that I must identify myself and read back all instructions during each transmission with the ATCT. Initial: _____

4. I understand that any deviation from the instructions provided to me by the ATCT will be considered a surface incident or runway incursion and may result in severe financial penalties. Initial: _____

5. I understand that reckless driving and other poor driving behaviors can result in the revocation of my Route Bravo driving privileges. Initial: _____

6. I have a complete understanding of all the information contained in the Route Bravo Drivers Training Handbook, and will comply with all the Rules and Regulations of the Columbia Metropolitan Airport. Initial: _____

7. **I agree that the information provided on this Request Form is true, complete and correct to the best of my knowledge. I understand that knowing and/or willful false statements on this Request can be punished by fine and / or imprisonment. (See section 1001 of Title 18 of the United States Code)** Initial: _____



Applicant Verification:

Name (print): _____

Signature: _____