

 **AVOP AUTHORIZATION FORM**

EMPLOYER'S STATEMENT	
COMPANY:	TELEPHONE NO.: ()
COMPANY ADDRESS:	
POSTAL CODE:	
TITLE OF REQUESTING OFFICER:	NAME OF REQUESTING OFFICER:
I the undersigned certify that the applicant named herein has a requirement for an AVOP with our company. They are eligible for the AVOP program and will be trained in AVOP by a qualified operator.	
SIGNATURE OF REQUESTING OFFICER: (sign above)	DATE (yyyy/mm/dd)
EMPLOYEE'S STATEMENT	
NAME:	TELEPHONE NO.: ()
HOME ADDRESS:	
POSTAL CODE:	
DATE OF BIRTH: (yyyy/mm/dd)	OCCUPATION:
PROVINCIAL DRIVERS LICENSE NO.:	HAVE YOU PREVIOUSLY HELD AN AVOP? YES / NO (circle one)
I hereby certify that, to the best of my knowledge, all the information provided above is true.	
SIGNATURE OF APPLICANT (sign above)	DATE (yyyy/mm/dd)

 **AVOP AUTHORIZATION FORM**

EMPLOYER'S STATEMENT	
COMPANY:	TELEPHONE NO.: ()
COMPANY ADDRESS:	
POSTAL CODE:	
TITLE OF REQUESTING OFFICER:	NAME OF REQUESTING OFFICER:
I the undersigned certify that the applicant named herein has a requirement for an AVOP with our company. They are eligible for the AVOP program and will be trained in AVOP by a qualified operator.	
SIGNATURE OF REQUESTING OFFICER: (sign above)	DATE (yyyy/mm/dd)
EMPLOYEE'S STATEMENT	
NAME:	TELEPHONE NO.: ()
HOME ADDRESS:	
POSTAL CODE:	
DATE OF BIRTH: (yyyy/mm/dd)	OCCUPATION:
PROVINCIAL DRIVERS LICENSE NO.:	HAVE YOU PREVIOUSLY HELD AN AVOP? YES / NO (circle one)
I hereby certify that, to the best of my knowledge, all the information provided above is true.	
SIGNATURE OF APPLICANT (sign above)	DATE (yyyy/mm/dd)