ST. JOSEPH COUNTY
AIRPORT AUTHORITY
South Bend International Airport

Employer Non-Movement Training

Applicant's Full Name	Applicant's Signature	Date

I certify that the following training has been completed in the non-movement areas. Should an incident occur where I have violated any safety and or security measures in place my security media may be suspended or revoked.

Authorized Signer (Print Name)	Authorized Signature	Company	Date

Initial

_____ 1 Non-Movement area driving familiarization
_____ 2 Non-Movement Boundary Line location
_____ 3 Aircraft position location (identifying an aircraft intentions. Are they taxiing? Are they on push back from the gate?)
_____ 4 Jet blast, how to avoid it
_____ 5 Awareness about driving or walking behind an aircraft that is running at the gate and how to avoid it. What signs to look for (i.e. Anti-Collision light on, wing walkers etc.)
_____ 5 Push back procedures, ensuring the pilot of the aircraft has received permission from Air Traffic Control (ATC) to proceed onto the movement area
_____ 6 Explained what the difference is between movement area and non-movement area is (i.e. ATC positive control, aircraft movement, taxiway, runway etc.)
_____ 7 SIDA gate procedures & policy.
_____ 8 Escorting vehicles on the non-movement area