#

# Receipt of Cork Airport Airside Driving Policy

I …….………………………………. (Name) acting on behalf of …………………………………… (Company Name) hereby acknowledge receipt of the Cork Airport Airside Driving Policy.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Sign & return to:**

AMU Support Officer,

Airside Management Unit,

Cork Airport,

Kinsale Road,

Cork

**T:** 00353-21-4329 792

**email:** caroline.dwyer@daa.ie



Part of the DAA Group