

AIRFIELD ACCESS VEHICLE PERMIT APPLICATION

Requesting Company Name:		Telephone Number:		
Company Address:		City:	State:	Zip:
Authorized Signatory Print Name:		Authorized Signatory Signature:		Date:

Sponsor Company: _____

<input type="checkbox"/> Secured (Red) <input type="checkbox"/> AOA (Blue)	1	<input type="checkbox"/> Company Vehicle <input type="checkbox"/> Personal Operating Vehicle (POV) <i>(Airport Operations Manager approval required for POV)</i> _____ Operational Need			
<input type="checkbox"/> First Time Registration <input type="checkbox"/> Lost / Stolen Permit <input type="checkbox"/> Damaged Permit <input type="checkbox"/> Change of Information <input type="checkbox"/> Renewal <input type="checkbox"/> Other: _____		Vehicle Registered To		DOA USE ONLY	
		Insurance Verified <input type="checkbox"/> Initials _____		Permit #	
		Year	Make	Model	Color
		Vehicle Identification Number (VIN) <i>(Company Vehicle Identifier if no VIN is present.)</i>			Date Issued

<input type="checkbox"/> Secured (Red) <input type="checkbox"/> AOA (Blue)	2	<input type="checkbox"/> Company Vehicle <input type="checkbox"/> Personal Operating Vehicle (POV) <i>(Airport Operations Manager approval required for POV)</i> _____ Operational Need			
<input type="checkbox"/> First Time Registration <input type="checkbox"/> Lost / Stolen Permit <input type="checkbox"/> Damaged Permit <input type="checkbox"/> Change of Information <input type="checkbox"/> Renewal <input type="checkbox"/> Other: _____		Vehicle Registered To		DOA USE ONLY	
		Insurance Verified <input type="checkbox"/> Initials _____		Permit #	
		Year	Make	Model	Color
		Vehicle Identification Number (VIN) <i>(Company Vehicle Identifier if no VIN is present.)</i>			Date Issued

<input type="checkbox"/> Secured (Red) <input type="checkbox"/> AOA (Blue)	3	<input type="checkbox"/> Company Vehicle <input type="checkbox"/> Personal Operating Vehicle (POV) <i>(Airport Operations Manager approval required for POV)</i> _____ Operational Need			
<input type="checkbox"/> First Time Registration <input type="checkbox"/> Lost / Stolen Permit <input type="checkbox"/> Damaged Permit <input type="checkbox"/> Change of Information <input type="checkbox"/> Renewal <input type="checkbox"/> Other: _____		Vehicle Registered To		DOA USE ONLY	
		Insurance Verified <input type="checkbox"/> Initials _____		Permit #	
		Year	Make	Model	Color
		Vehicle Identification Number (VIN) <i>(Company Vehicle Identifier if no VIN is present.)</i>			Date Issued

All individuals operating a vehicle within the Secured and AOA areas on the Airport must comply with all Personnel Identification Requirements and Airport Driving Regulations.

Vehicle Permit Number must correspond with vehicle as listed on this application.

Please Return to City of Dallas, Department of Aviation, Badge Office.

Security Office (Preparer): _____ Signature: _____ Date: _____

Badge Office (Issuer): _____ Signature: _____ Date: _____

Applicant (Receiver): _____ Signature: _____ Date: _____

Audit Coordinator (Reviewer): _____ Signature: _____ Date: _____