

YEAR: _____ QUARTER: _____



ALLEGHENY COUNTY AIRPORT AUTHORITY

TEMPORARY AIR OPERATIONS AREA VEHICLE OPERATIONS PERMIT APPLICATION

DATE	APPLICANT COMPANY NAME AND ADDRESS	PHONE

VEHICLE MAKE	YEAR	LICENSE NUMBER

REASON FOR PERMIT REQUEST _____

VEHICLE PASSES MUST BE DISPLAYED ON THE VEHICLE DASHBOARD. PASSES ARE NOT TRANSFERRABLE TO OTHER VEHICLES.

BY SIGNING BELOW, I AGREE TO ABIDE BY ALL AIRFIELD SAFETY AND EMERGENCY PLANNING RULES AND REGULATIONS.

APPLICANT SIGNATURE _____

TENANT SPONSOR

BY SIGNING BELOW, I AGREE TO SPONSOR THE PERMIT APPLICANT. THEIR NEED FOR VEHICLE ACCESS IS IN SUPPORT OF OFFICIAL AIRPORT RELATED BUSINESS.

AUTHORIZED TENANT SPONSOR SIGNATURE: _____

PRINTED NAME: _____

COMPANY NAME: _____

(ACAA USE ONLY)

PERMIT NUMBER _____

EXPIRATION DATE _____

COMMENTS: _____
Vehicle Pass Application