

1. Application for: (Check one box)	<input type="checkbox"/> Airport Employee	<input type="checkbox"/> Airport Contractor
	<input type="checkbox"/> Airport Business Owner	<input type="checkbox"/> Airport Business Employee
	<input type="checkbox"/> Airport Resident	<input type="checkbox"/> Other (specify) _____
2. This is a: (Check one box)	<input type="checkbox"/> New Application	<input type="checkbox"/> New Information
	<input type="checkbox"/> Re-application	<input type="checkbox"/> Re-instatement

3. Applicant's Name: _____
(Last, First Middle)

4. Airport Sponsor: _____
(Who is responsible for their conduct on the airport?)

5. Phone: (work) _____ (home) _____

6. Emergency Contact Information:
_____ (name) _____ (phone)

(physical address)

7. Drivers License Number & State: _____
(number) (State)

8. Drivers Insurance Information: _____
(Insurance Company Name) (number)

9. Does the insurance meet the minimum specified by airport policy?

Yes No Unknown

10. Airport Ground Vehicle Operation Privilege Test Score: _____

Airport Ground Vehicle Operation Privileges Test

1. I am authorized to use the following gates for entry and exit onto the airside of the airport:

_____.

2. The maximum speed limit on the airside is _____.

3. True or False: I must yield the right of way to all moving aircraft.

4. I may not park closer than _____ to a parked aircraft.

5. While driving my vehicle I may not approach a moving aircraft any closer than _____.

6. I must have a yellow flashing beacon on the top of your vehicle and turned on (and functioning) in the following locations:

_____.

7. I am authorized to exercise the privilege of driving on the airside of the airport between the hours of _____ and _____.

8. In the event of an incident or accident on the airport, I will call _____ at telephone number _____.

9. In the event of an incident or accident on the airport, I will inform my sponsor and the airport manager at the earliest possible opportunity after I am safe from danger and no later than _____.

10. To maintain my airside driving privilege I am required to re-take this test every _____.

I certify that while taking this test I did not receive any assistance from any other person.

_____ (test taker's signature) _____ (date)