

YEAR: \_\_\_\_\_ QUARTER: \_\_\_\_\_



# ALLEGHENY COUNTY AIRPORT AUTHORITY

## TEMPORARY AIR OPERATIONS AREA VEHICLE OPERATIONS PERMIT APPLICATION

| DATE | APPLICANT COMPANY<br>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