

Date:				

			<u> </u>	utc
Cost \$25.00 (nonre	efundable)			
Purpose/Need for Acces	s Card (<i>To be c</i> o	ompleted by	Sponsoring Tenant)	
For what length of time v	will you need ac	cess to the a	irfield?	
Will you need to be on th	ne airport alone?	? Yes	. No	
Will you be compensate	d financially for	your activitie	es on the airfield? Yes_	No
Name: (Please Print) (Last)	(First)	(MI)		
Address:				phone Numbers:
(City)	(State)	(Zip code)	Contact Phone:	
E-Mail Address:			Cell Phone:	
Storage Space Number	-	_		
Covered Tie Down:				
Name of Sponsor:(Please Print) (Last)	(First)	(MI)	
Signature of Sponsor: _				

I have received the Rules and Regulation-Airside Access and Vehicle Operations procedures. I understand any actions on my part which violate the terms of my sponsor's aircraft storage permit, lease or agreement or any applicable City, State or Federal regulations may result in suspension revocation of my access card. I also understand that it is my sole responsibility to keep Airport Administration updated in any and all personal information changes.

Signature of Affiliate:

Office Us	se Only			
Access Card Number	Da	Date Issued		
Drivers License Number	State	Exp. Date:		
Driving Test Administered? Yes No				
Airport Manager or designee's approval:				
Comments:				
Revised: August 18, 2023				

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