



# AIRPORT GATE CARD APPLICATION

\* Required Fields

Signature required on page 2. Incomplete applications will be denied.

## APPLICANT INFORMATION

*Last Name:		*First Name:	Middle Initial:
Company Name (If Applicable):			
*Address (Personal or Business):			
*City:	*State:	*Zip:	
*Cell Number:	*Business Number:	Ext:	
*Applicant Driver's License Number:	*State Issued:	*Expiration Date:	
*Hangar or Business Address of Applicant:			
*Email (Notification Purposes Only):			

## \*PURPOSE: REQUEST FOR GATE ACCESS

### Check all that apply:

- Hangar/Aircraft Owner: \_\_\_\_\_
- Authorized Pilot (Specify Association): \_\_\_\_\_
- Service Operator (Specify Delivery, Trash, Contractor, Etc.): \_\_\_\_\_
- Government Agency (Specify): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

## AIRCRAFT INFORMATION (If Applicable)

	Aircraft 1	Aircraft 2
Tail Number:		
Make:		
Model:		

## VEHICLE INFORMATION (If Applicable)

	Vehicle 1	Vehicle 2
Make:		
Model:		
License Plate Number:		
State:		



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## REQUIREMENTS AND FEES:

**\*Please initial below for acknowledgement of requirements.**

- DRIVER'S LICENSE: A copy of a valid state driver's license for the primary cardholder must be provided.
- SPEED LIMIT: All drivers will adhere to the 15 MPH speed limit while on the Air Operations Area (AOA).
- FORGOTTEN CARDS: If you forget your card, you must come into the FBO to fill out the forgotten card form.
- NO VEHICLE PARKING ramp-side of the FBO terminal.
- DAMAGE: You acknowledge you are solely responsible for any damage you cause on the airport grounds.
- FEES: \$25 for your initial application. There will be a \$25 charge for any card replacement for any reason, lost or missing.
- RECEIVED and read the non-movement area required document.



**Only vehicles bearing a valid CASP sticker are authorized within the hangar area. All unauthorized vehicles may be ticketed and towed at the owner's expense.**

### \*APPLICANT ATTESTATION AND SIGNATURE

**By signing below, I attest to and acknowledge the following:**

All information provided in this application is true, complete, and accurate. I will always abide by all Minimum Standards of the Airport. Failure to comply with Airport Minimum Standards will result in immediate loss of my access privileges. This contract is subject to change.

This application will be denied if it is incomplete. I will return my gate card(s) to the airport within 30 days if my need for access ends or upon request. I understand the fee structure and will be responsible for any replacement or lost card fees.

**\*Applicant's Signature:** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

### OFFICE USE ONLY

Date Issued/By:	Card(s) Number:	Vehicle Sticker Number:	Paid Status:
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Please complete this form and return via email to [CFObusiness@adamscountyco.gov](mailto:CFObusiness@adamscountyco.gov).  
Questions? Contact Airport Administration at **720.523.7312**.