

AOA ACCESS DECAL REQUEST FORM

CONSTRUCTION

By requesting authorization for the listed vehicles to operate on the Air Operations Area at the Memphis International Airport, the undersigned understands and agrees; (1) vehicles may only be operated by persons who have been issued a current MEM Security Identification Display Area (SIDA) badge and who have been tested and approved for vehicle operations privileges by the appropriate Memphis-Shelby County Airport Authority (MSCAA) representative(s); (2) vehicles listed must have automobile liability insurance coverage of not less than one million dollars (\$1,000,000) per occurrence provided to and approved by MSCAA and the policy must be endorsed to include Memphis-Shelby County Airport Authority, it's commissioners, officers, directors, and employees as additional insured with respect to claims or liabilities arising from, or connected with the operation of the vehicles used by or on behalf of the registrant on the AOA; (3) acceptable proof of insurance coverage and required endorsement(s) must be on file for the duration of this authorization or AOA access will be subject to termination. Complete and binding information provided in the Automobile Liability Insurance for Vehicle Regulation is hereto and incorporated herein by reference.

IMPORANT NOTICE: NO ONE WILL OPERATE A MOTOR VEHICLE ON OR WITHIN THE AOA OF THE MEMPHIS INTERNATIONAL AIRPORT WITHOUT HAVING IN FORCE AN AUTOMOBILE LIABILITY INSURANCE POLICY TO PROVIDE COVERAGE FOR LIABILITY ARISING FROM BODILY INJURY AND PROPERTY DAMAGE IN THE AMOUNT OF \$1,000,000 UNLESS THE COMPANY IS SELF-INSURED.

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(LAST NAME)	(FIRST)	(MI)	(SIGNATURE			(COMPANY)		(DATE)		ONTACT TEL. #)
PROJECT NAME:				VEHICLE INF	ORMATION	LICENSE PLA	ATE .	DECAL INFORMA		ATION
PROJECT NUMBER:				MAKE	MODEL	Number	STATE	DECAL#	ISSUE DATE	EXPIRATION
COMPLETION DATE:										
GENERAL CONTRACTOR:										
POINT OF CONTACT:										
PHONE #:										
INSURANCE COMPANY:										
SUB-CONTRACTOR:										
POINT OF CONTACT:										
PHONE #:										
IMPORTANT NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY & SIGNED BY A CERTIFYING OFFICIAL PRIOR TO SUBMITTAL										

COMPANY CERTIFYING OFFICIAL AUTHORIZATION/VERIFICATION

OPERATORS OF THE ABOVE LISTED VEHICLES HAVE MISSION OR WORK ASSIGNMENT RESPONSIBILITIES REQUIRING ACCESS AND OPERATION OF MOTOR VEHICLES ON THE MSCAA AIR OPERATIONS AREA (AOA) ON A FREQUENT OR ROUTINE BASIS. THEREFORE, IT IS REQUESTED THAT SAID VEHICLES BE REGISTERED AND IDENTIFIED FOR THAT PURPOSE.

(LAST NAME)	(FIRST)	(MI)	(SIGNATURE)	(COMPANY)	(DATE)	(CONTACT TEL. #)			
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