

SALT LAKE CITY DEPARTMENT OF AIRPORTS

RAMP PERMIT APPLICATION



**SECTION 1
COMPANY INFORMATION**

Company Name	Sponsored By
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**SECTION 2
SIGNATURE OF INDIVIDUAL RECEIVING PERMIT(S)**

I have read, understand, and will comply with the following requirements for operating a vehicle on ramps and roadways located within the secure areas of the airport and will comply.

- The vehicle must be marked with company name or logo on both sides, visible from a distance of 50 feet (**Min: 2" Lettering**)
- A valid ramp permit must be displayed on the windshield of the vehicle (**Lower left corner**)
- Ramp speed limit is 20 miles per hour
- Drivers must carry a valid, state issued driver's license/driver's privilege card on person
- Only park in designated parking areas
- Aircraft and emergency response vehicles always have the right of way
- Do not drive near or in front of moving aircraft, or between parked aircraft and the building
- Always drive within the marked/painted roadway
- Ensure gates are secure before leaving the gate area (**Failure to wait will result in a security violation with penalties**)
- Do not smoke while driving (**Smoking is allowed in designated areas only**)
- Use of electronic devices while driving is prohibited
- Do not back up without a safety spotter
- When not in use, vehicles must be placed in park, or secured with chocks
- Permits are the property of the Airport and must be returned when no longer in use/expired (**Non-returned fees may apply**)
- Always wear your seatbelt**

Last Name	First Name	Driver's License Number	State
Airport Badge Number	Signature		Date

AUTHORIZING AGENT CERTIFICATION

My signature authorizes the release of the requested ramp permit(s) to the individual named above. I understand that ramp permit(s) issued to me or my company must be returned to Airport Badging if for any reason they are no longer needed (**ramp permits may not be transferred to another vehicle**). I also understand that if ramp permits are lost, I must notify Airport Badging immediately. In this event, _____ (**company name**) agrees to take responsibility for the costs associated with the replacement.

AUTHORIZING AGENT NAME (Print):			
AUTHORIZING AGENT SIGNATURE:	DO NOT SIGN UNTIL APPLICATION IS COMPLETED		
Phone Number: ()	Date:	<small>Valid for 30 days after signed and dated</small>	Signature Checked By

**SECTION 3
ACCESS CONTROL USE ONLY**

<input type="checkbox"/> AOA Designation/EXEMPT(Red Badge) <input type="checkbox"/> General Aviation (Insurance Verified By: _____)	Issued By/Date
<input type="checkbox"/> 27 / Verified By: _____ <input type="checkbox"/> 28 / Verified By: _____	

Comments

