



VEHICLE REGISTRATION APPLICATION

Name: _____
Last
First
M. I.

Company Name (if company application): _____

Address: _____
Street
City
State
Zip

Home Phone: _____ Business Phone: _____ Ext: _____

Applicant's Drivers License #: _____ State: _____ Expiration: _____

Purpose for Application

- Based Aircraft Owner
- Licensed Commercial Operator
- Hangar Owner (location) _____
(Non-Aircraft Owner)
- Other (specify) _____
- Authorized Pilot (specify company) _____
- Government Agency (specify) _____
- Service Operator (specify type of service) _____

Aircraft Information

	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4	Aircraft 5
Aircraft #					
Make					
Model					
Location					

Vehicle Information

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Decal #					
Make					
Model					
Year					
License Plate					

I swear or affirm that I now have in effect a complying policy of motor vehicle insurance including an operator's policy pursuant to the insurance requirements of the Arapahoe County Public Airport Authority or a certificate of self-insurance to cover the vehicle(s) or operator of the vehicle(s) registered with the Authority and driven on the Airport Operations Area, and I understand that such insurance must remain in effect until termination of the ramp access privileges. I understand that failure to maintain the required insurance and follow the Vehicle Safety Rules may result in Revocation of access to the Airport Operations Area in accordance with paragraph 7 of Ops Procedure O-7.

Applicant's Signature: _____ Date: _____

<i>Office Use</i>	
Date Issued/By _____	Card(s) Issued _____
Card Expiration Date _____	_____