

## **CHICO MUNICIPAL AIRPORT (CIC)**

## **Airport Operations Area (AOA) Access Card Request Form**

## Applicants for AOA access must meet at least one of the following criteria:

- 1. Hold an airport lease, operating agreement or use permit;
- 2. Be an employee, associate or relative or an authorized airport business or tenant;
- 3. Be an active flight student, aircraft renter or member of a flying club; or

☐ Passed Movement Area Practical Test (if applicable)

□ Driver License Verified

4. Be authorized by the Airport i		
PERSONAL INFORMATION		
First Name:	Middle Name:	Last Name:
Company/Tenant Name (if applicable):	Drivers License Number:	Date of Birth:
Mailing Address:	City, State Zip:	Primary Phone Number:
Email address:	Aircraft Registration Number:	Hangar or Tiedown Number:
Reason for AOA Access Request (check one):		
<ul> <li>Pilot</li> <li>Pilot relative/associate, student pilot, aircraft renter, flying club member *Requires sponsor endorsement.</li> <li>Tenant</li> <li>Tenant Employee *Requires sponsor endorsement.</li> </ul>		
City Employee - City employees must receive authorization from their supervisor.  Contractor - Contract employees must receive authorization from the City's project manager.		
* <u>SPONSOR ENDORSEMENT</u> Individuals requesting AOA access based on their association with an authorized pilot, flight school, flight club or a tenant must be sponsored before access privileges will be considered. Please have your Sponsor complete the section below.		
I certify that the individual named above is authorized to access the indicated business, leasehold, hangar or tiedown location. I agree to ensure that the sponsored individual complies with all Federal, State and local laws, including Chico Municipal Airport Operating Rules and Regulations, AOA responsibilities and airport security procedures.		
Sponsor Name: Company/Organization: (if applicable)  Signature:		
APPLICANT SIGNATURE		
I confirm that I have read the Chico Municipal Airport Rules and Regulations and the Airport Access Procedures and Responsibilities and agree to abide by them as well as all Federal, State and local laws. I understand that failure to comply with these rules and regulations may result in immediate revocation of my airport access privileges. I also understand that I must immediately contact the Airport Manager's Office if my access card is lost or stolen.		
Sig	nature:	Date:
Revised 05/2015 FOR OFFICIAL USE ONLY		
□ Passed Written Airport Driver Training Test Card Number Issued:		

Date Issued:

Issued by: \_\_\_\_\_