



GENERAL AVIATION
YEAGER AIRPORT
ACCESS CONTROL CARD
APPLICATION FORM

Date of Request: _____ Authorized By: _____
Business Manager/Aircraft Owner

Applicant's Name: _____
Last First Middle Name

Home Address: _____
City State Zip Code

Private Aircraft: Owner: _____ Pilot: _____ Mechanic: _____
License Number

Other: _____
Specify Relationship

Business Name: _____

Owner: _____ Manager: _____ Supervisor: _____

Other: _____
Specify Relationship

Home Phone: _____ Aircraft #: _____

HT: _____ WT: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Social Security: _____

Company: _____ Phone: _____

Access Control Card #: _____

Card Issued By: _____ Date Issued: _____

I certify that all of the information recorded on this form is true and correct and I have been briefed on the Security Program at Yeager Airport. I understand the misuse of the Access Control Card may result in the privilege being immediately withdrawn. I agree should I lose or misplace the Access Control Card I will immediately report the fact to the Yeager Airport Police Department. I understand that a twenty-five dollar (\$25.00) fee will be assessed for the re-issuance of the Access Control Card and a forty-eight hour (48) waiting period applies. Payment of the assessed fee and a signed letter of explanation from the issuee is required prior to the issuance of the new card. I agree that, upon termination of my employment for any reason, I will immediately return the Access Control Card to the Yeager Airport Police Department.

Signature of Applicant: _____ Date: _____

Receipt of Access Control Card _____
Signature Date

YAPD-10

Rev. 5/07