



LAKELAND LINDER INTERNATIONAL AIRPORT

MOVEMENT AREA ACCESS APPLICATION

APPLICANT				
First Name	Middle Name	Last Name	Primary (Cell) Phone #	Secondary Phone #
Driver's License #	State	Expiration Date	Email Address	
VALIDATION QUESTIONS				
Briefly describe why you need access to the Movement Area				
What type of vehicle(s) will you be using to access the Movement Area?				
APPLICANT CERTIFICATION				
By signing below, you acknowledge that if this request is approved you are required to attend initial Movement Area Driver Training and recurrent Movement Area Driver Training every 12 consecutive calendar months (AC150/5210-20A 2.2.2). Should you fail to complete recurrent Movement Area Driver Training within 12 consecutive calendar months you will lose your Movement Area Access.				
Applicant Signature:			Date: / /	
EMPLOYER AUTHORIZATION				
Company Name / Hangar Number			Applicant Job Title	
First Name	Middle Name	Last Name	Primary (Cell) Phone #	Secondary Phone #
The Employer certifies that the above person has an operational need for the identification badge and/or special privileges indicated.				
Signatory Signature			Date / /	
ADMINISTRATIVE RECORDS (AIRPORT USE ONLY)				
SMGCS Training (Circle One): Yes No			Date:	
Operations Manager Approval (Circle One): Yes No			Reason:	
Operations Manager Initial:			Approval / Denial Date:	
Assistant Airport Director Approval (Circle One): Yes No			Reason:	
Assistant Airport Director Initial:			Approval / Denial Date:	