



# LAKELAND LINDER INTERNATIONAL AIRPORT MOVEMENT AREA ACCESS APPLICATION

### APPLICANT

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Primary (Cell) Phone #</b>	<b>Secondary Phone #</b>
<b>Driver's License #</b>	<b>State</b>	<b>Expiration Date</b>	<b>Email Address</b>	

### 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

<b>Company Name / Hangar Number</b>	<b>Applicant Job Title</b>
<b>First Name</b>	<b>Middle Name</b>
<b>Last Name</b>	<b>Primary (Cell) Phone #</b>
	<b>Secondary Phone #</b>

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)

<b>Operations Manager Approval (Circle One):</b> Yes    No	<b>Reason:</b>
<b>Operations Manager Initial:</b>	<b>Approval / Denial Date:</b>
<b>Assistant Airport Director Approval (Circle One):</b> Yes    No	<b>Reason:</b>
<b>Assistant Airport Director Initial:</b>	<b>Approval / Denial Date:</b>