



Lawton Metropolitan Area Airport Authority
 Lawton Fort Sill Regional Airport
 Security/Operations Office
 Vehicle Registration Application

VEHICLE REGISTRATION APPLICATION

Last Name:	First Name:	Middle Initial:
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Company Name (if it is a company vehicle):

Applicant's Home Address:

City:	State:	ZipCode:
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Home Phone:	Mobile Phone:	Work Phone:
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Applicant's State Driver's License Number:

State Of Issuance:	License Number Expiration Date:
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PURPOSE OF APPLICATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Aircraft Owner/Operator	<input type="checkbox"/> Partner	<input type="checkbox"/> Authorized Pilot
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Other (Specify)	

Aircraft Information:

	Aircraft 1	Aircraft 2	Aircraft 3
Aircraft Tail Number:			
Make:			
Model:			
Location (Hangar #):			

Vehicle Information:

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

Vehicle Insurance Company: _____ **Phone:** _____

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 Lawton Metropolitan Area 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 (AOA), 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 Operations Rules may result in revocation of access to the Airport Operations Area (AOA) in accordance with paragraph B of the Vehicle Operations Rules.

Applicant's Signature _____ **Date** _____

<i>Office Use</i>	
Date Issued: _____	Decal Expiration Date(s): _____
Area(s) of Vehicle Access (circle all that apply): SIDA AOA(Movement) AOA(Non-movement) T-Hangars	
LaSill Ramp Restricted	
Decal Color: _____ Red Green Blue	
Authorized Agent Signature: _____	LFSRA FORM 006