



## AOA VEHICLE PERMIT REGISTRATION APPLICATION

Requesting Company Name:		Contact Number:	
Company Billing Address:	City:	State:	Zip:
Authorized Signatory (Printed):	Authorized Signatory (Signature):		Date:
Permit Location: <input type="checkbox"/> Mobile Regional Airport (MOB) <input type="checkbox"/> Mobile Downtown Airport (BFM) <input type="checkbox"/> Both Airports (MOB & BFM)			

<input type="checkbox"/> First Time Registration <input type="checkbox"/> Lost Permit <input type="checkbox"/> Damaged Permit <input type="checkbox"/> Change of Information <input type="checkbox"/> Renewal	<input type="checkbox"/> Company Vehicle <input type="checkbox"/> Personal Operating Vehicle (POV)			<b>MAA USE ONLY</b>
	Operational Need:			Insurance Verified <input type="checkbox"/>
	Vehicle Registered to:			Permit #: _____
	Year	Make	Model	Color
VIN (Company Vehicle Identifier if no VIN)				

<input type="checkbox"/> First Time Registration <input type="checkbox"/> Lost Permit <input type="checkbox"/> Damaged Permit <input type="checkbox"/> Change of Information <input type="checkbox"/> Renewal	<input type="checkbox"/> Company Vehicle <input type="checkbox"/> Personal Operating Vehicle (POV)			<b>MAA USE ONLY</b>
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	Operational Need:			Insurance Verified <input type="checkbox"/>
	Vehicle Registered to:			Permit #: _____
	Year	Make	Model	Color
VIN (Company Vehicle Identifier if no VIN)				

All individuals operating a vehicle within the Secured and AOA areas on the Airport must comply with all Personnel Identification Requirements and Airport Driving Regulations

**Vehicle Permit Number must correspond with vehicle as listed on this application**

*Please complete form and submit to MAA Airport Operations at [OPS@mobairport.com](mailto:OPS@mobairport.com)*

***Proof of Insurance must be on file with MAA if applicant/company is a current tenant. All others must submit Certificate of Insurance with this Registration Form***

Operations: \_\_\_\_\_  
*Issuer* (Print Name)

Permit Issuer: \_\_\_\_\_  
 (Signature)

Date: \_\_\_\_\_

Signatory: \_\_\_\_\_  
*Requestor* (Print Name)

Signatory: \_\_\_\_\_  
 (Signature)

Date: \_\_\_\_\_