



COMPANY VEHICLE ACCESS FORM - AIRFIELD

This form must be printed in ink or typed.

Date of Application _____
MONTH DAY YEAR

Requesting Company Name _____ Phone Number (Area Code) _____

Company Address _____ City _____ State _____ Zip Code _____

Authorized Contact Person _____ Work Phone # (Area Code) _____ Home Phone # (Area Code) _____

Check Appropriate Box

First Time Registration Faded Vehicle Permit** Expired** Delete**

* Requires Current Permit # Lost / Stolen Vehicle Permit* Additional Vehicle(s) Change of Information* Other*

I certify that the vehicles listed below are insured under a certificate of insurance for \$5,000,000 as required by the City of Chicago.

Authorized Signature _____

Please print signed name _____

1	Current Permit # (if applicable)	For DOA Use Only	New Permit #
Year	Make	Model	Color
State License Plate Number	State of Issue	Company Vehicle Number	VIN Number
2	Current Permit # (if applicable)	For DOA Use Only	New Permit #
Year	Make	Model	Color
State License Plate Number	State of Issue	Company Vehicle Number	VIN Number
3	Current Permit # (if applicable)	For DOA Use Only	New Permit #
Year	Make	Model	Color
State License Plate Number	State of Issue	Company Vehicle Number	VIN Number
4	Current Permit # (if applicable)	For DOA Use Only	New Permit #
Year	Make	Model	Color
State License Plate Number	State of Issue	Company Vehicle Number	VIN Number
5	Current Permit # (if applicable)	For DOA Use Only	New Permit #
Year	Make	Model	Color
State License Plate Number	State of Issue	Company Vehicle Number	VIN Number
6	Current Permit # (if applicable)	For DOA Use Only	New Permit #
Year	Make	Model	Color
State License Plate Number	State of Issue	Company Vehicle Number	VIN Number

To be completed by Airport Tenant only

I have verified that the vehicles listed above are insured under a certificate of insurance for \$5,000,000 as required by the City of Chicago.

Authorized Tenant Signature _____

Please print signed name _____

Tenant Company _____

Phone Number (AREA CODE) _____

I have also verified that the certificate of insurance expiration date is:

MONTH DAY YEAR

Contract Expiration Date

MONTH DAY YEAR

For DOA Use Only:

Insurance Binder Attached? Yes No DOA

Authorized Signature _____

Expiration Date MONTH DAY YEAR Permit # _____

Return To:

Department of Aviation
I. D. Badging Office
O'Hare International Airport
P.O. Box 66142, AMF - O'Hare
Chicago, IL 60666-0142

Department of Aviation
I.D. Badging Office
Midway Airport
5700 South Cicero
Chicago, IL 60638