

Santa Monica Municipal Airport – Gate Access Control Card Application

Card key# _____

New Renewal Annual Temporary

If Temporary (2 week access maximum):

Start Date ____/____/____ End Date ____/____/____

Office use only

Issued by: _____ Date: ____/____/____

Airfield Driver's Training: Yes No

Signature _____ Date: ____/____/____

Section 1 – Applicant's information

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Driver License Number _____ State _____ Expiration ____/____/____ Date of Birth ____/____/____

Pilot and/or Aircraft owner: Pilot Aircraft Owner

Aircraft Name _____ Aircraft Model _____ Color _____

Tail Number _____ Tie Down _____ Hangar# _____ Space# _____

Business owner or employee: Business Owner Employee

Business Name _____ Type of Business _____ Location on Airport _____

Contractor, Service or Delivery Company: Access Needs (circle applicable dates)

S M T W Th F S Times _____ am - _____ pm

Business Name _____ Phone# (____) _____ - _____

Contact Person _____ Phone# (____) _____ - _____

Employed by _____ Phone# (____) _____ - _____

Section 2 – Applicant's Security Responsibility Agreement

1. I will not allow anyone else to use my Gate Access Control Card.
2. I will stop and wait for the access gate to fully close prior to proceeding.
3. I will not allow anyone who is not under my escort to follow me or "piggy back" through any access gate.
4. I will immediately contact SMPD dispatch at (310) 458-8491 if an individual insists on following me through a gate and/or I witness any security violation.
5. I will closely monitor the activity of anyone I escort onto the airside.
6. I will report the theft or loss of my Gate Access Control Card immediately to an Airport Services Officer and/or Airport staff either in person or at (310) 458-8591.
7. I agree to present my Gate Access Control Card upon request by an Airport Services Officer, Airport staff and/or Santa Monica Police/Fire personnel.
8. I agree that the Gate Access Control Card is the property of the City of Santa Monica and that it shall be returned upon request or when airside access is no longer required.
9. I will comply with all laws and regulations relating to Airport Security.
10. I will only use the Gate Access Control Card to gain access to the airside for legitimate purposes.
11. I acknowledge receiving the "**Santa Monica Airport Rules and Regulations for use of Gate Access Control Cards**" document, and I agree to abide by all the rules and regulations hereto.

I have read the above security procedures and I understand that failure to comply with any of them may result in suspension/revocation of my Gate Access Control Card. _____

(Initials)

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. _____

(Initials)

Applicant's Signature _____ Date ____/____/____

If particular field is not applicable, the applicant shall so indicate by placing **N/A** in the space. Applicants are required to keep all information current.