

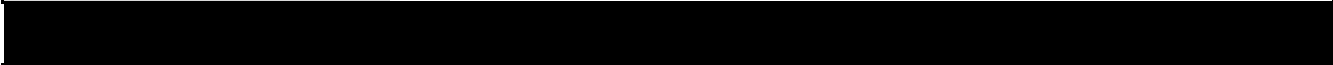


AIRPORT OPERATIONS DEPARTMENT

VEHICLE REGISTRATION APPLICATION

Please complete the fields below and submit this application to IADVehicles@mwa.com The vehicle inspection station is available Tuesdays, Wednesdays, and Thursdays at 8:00am, 11:00am, and 3:00pm, please specify your preferred day and time, you will receive a reply once your inspection date and time are confirmed.

COMPANY NAME			
POC NAME		MWAA Badge #	
POC PHONE		Emergency Phone (24/7)	
POC EMAIL			
Are you an OCIP Participant?	No	Yes =>	OCIP Trade #
Are you under contract to MWAA	No	Yes =>	Contract #



Airfield ID (If assigned) _____	Areas to be accessed with Vehicle AOA / Airfield South Outer Perimeter Area Gate 225 Other (Describe)
TYPE _____	
MAKE _____	
MODEL _____	

Vehicle License Plate (If any)	Preferred Inspection Day / Time			
State Number	Tuesday	8 a.m.	11 a.m.	3 p.m.
Overnight Parking Location:	Wednesday	8 a.m.	11 a.m.	3 p.m.
	Thursday	8 a.m.	11 a.m.	3 p.m.
You MUST provide a copy of the Accord Certificate of Liability Insurance showing the minimum for Personal Injury and Property Damage. (Not applicable to airlines or airport tenants)				

COMMENTS/NOTES:	Airport Operations Use Only			
	Date Received	_____		
	by	_____		
	Appointment scheduled for	_____	at	_____
	Notified via	<input type="checkbox"/> Email <input type="checkbox"/> Phone		
	on	_____		
by	_____			



AIRPORT OPERATIONS DEPARTMENT

VEHICLE INSPECTION CHECKLIST

COMPANY NAME		VEHICLE ID	
POC NAME		TYPE	
POC PHONE		MAKE	
POC EMAIL		MODEL	
Insurance Verification (N/A for Airlines or Tenants)	<input type="checkbox"/> MWWA Listed As "additional insured" <input type="checkbox"/> "Waiver of subrogation" against MWWA <input type="checkbox"/> \$5 mil combined single limit/occurrence	LICENSE PLATE	
		RFID (If Assigned)	

INSPECTION ITEMS AND DESCRIPTION		INSPECTION			REINSPECTION		
		DATE			DATE		
		OK	UNSAT	N/A	OK	UNSAT	N/A
1	VEHICLE ID / MARKINGS <input type="checkbox"/> Left <input type="checkbox"/> Right Company ID, Sequential non-repeating number, painted/decal/magnetic sign, Sides = 8"						
2	AOA VEHICLE LIGHTING - operable and undamaged <input type="checkbox"/> Non-movement = Steady <input type="checkbox"/> Movement = Flashing						
3	HEADLIGHTS - <input type="checkbox"/> High Beams <input type="checkbox"/> Low Beams Both lights must illuminate evenly when activated.						
4	TURN SIGNALS - <input type="checkbox"/> Front L / R <input type="checkbox"/> Rear L / R Must illuminate/flash & be visible from 20 feet away.						
5	EMERGENCY FLASHERS - <input type="checkbox"/> Front <input type="checkbox"/> Rear Must illuminate/flash & be visible from 20 feet away.						
6	HORN - Must be functional and heard from 20 feet away.						
7	WINDSHIELD WIPERS Must be functional and in good condition.						
8	PARKING BRAKE - <input type="checkbox"/> Forward <input type="checkbox"/> Back up Driver must apply the parking brake, place the vehicle in drive or reverse as appropriate, vehicle must not move.						
9	BACKUP LIGHT AND/OR HORN Must illuminate / sound when vehicle placed in reverse.						
10	FIRE EXTINGUISHER 5 lbs A:B:C or B:C Fuelers require 20 lbs B:C Inspect size/class/condition, charge in the green						
11	TIRE TREAD <input type="checkbox"/> Front L <input type="checkbox"/> Front R <input type="checkbox"/> Rear L <input type="checkbox"/> Rear R Minimum 1/8 inch tread in each third of the tire. No wire/steel contacting road surface/no cracking in sidewalls						
12	RFID (If issued) - Present and verified to database						
COMMENTS/NOTES:		<input type="checkbox"/> APPROVED			<input type="checkbox"/> APPROVED		
		<input type="checkbox"/> DENIED			<input type="checkbox"/> DENIED		
		INSPECTOR NAME			INSPECTOR NAME		
		SIGNATURE			SIGNATURE		
		ISSUED DATE					