



**TALLAHASSEE**  
INTERNATIONAL AIRPORT

**Airport Use Only**

Date Issued:

Amount Paid:

Receipt #:

Issued By:

Approved By:

# COMMUTER PARKING APPLICATION

## APPLICANT INFORMATION

Name:		Name of Business:	
Address:		City:	State:
Zip Code:	Home Phone:	Cell Phone:	

Access Card #:	Permit #:
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## DESCRIPTION OF VEHICLES TO BE OPERATED AND/OR PARKED ON AIRPORT PROPERTY

### VEHICLE #1

Make:	Model:	Year:
Tag #:	State:	Color:

### VEHICLE #2

Make:	Model:	Year:
Tag #:	State:	Color:

### VEHICLE #3

Make:	Model:	Year:
Tag #:	State:	Color:

Applicant agrees that all business activities conducted at Tallahassee International Airport shall be governed by the Airport Rules and Regulations / Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers.

I hereby acknowledge receipt of the following:

- Tallahassee International Airport's Rules and Regulations
  - Minimum Standards for Airport Aeronautical Service and Aeronautical Activity Providers.
- NOTE: Documents are available at the following website: <http://www.FlyTallahassee.com>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit completed application to Airport Operations.**