

555 Airport Way, Suite B Camarillo, CA 93010 Phone: (805) 388-4372 Fax: (805) 388-4366 https://vcairports.org

GATE CARD APPLICATION

GATE CARD APPLICANT INFORMATION (PLEASE PRINT) () NEW (\$20) ()REPLACEMENT (\$16)

			- (1 -)	
NAME (Last, First, Middle Initial)		DRIVER'S LIC:		
BUSINESS NAME		HOME PHONE	CELL PHONE	
	OVER 1	97.4		
STREET ADDRESS	CITY	STATE	ZIP	
EMAIL ADDRESS (Optional)				
2.11.12.125 (ep.10.111)				
APPLICANT AFFILIATION (Fill all that apply)				
Camarillo Airport Hangar or Tie-down Tenant Hangar/Tie-down #				
Oxnard Airport Airport Business Staff/Tenant Business				
oth Other Explain				
This gate card is issued in accordance with Ordinance 4040, Section 6507-1. I shall immediately report any loss or theft of this gate card to the County of Ventura Department of Airports. I understand that this card may be revoked at any time if I fail to abide by the Airport rules and regulations. I acknowledge that the gate card is an				
outright/non-refundable purchase.				
APPLICANT SIGNATURE		DATE		
ADMINISTRATIVE USE ONLY				
Authorized Gate Group:	Driver's	Training Date:		
Date Activated:	Remarks	:		
Fee Paid: Yes() No() (Explain)			
Gate Card Number Issued:				
Airport I	Representative	Date	_	
Data Entry				