

GATE CARD APPLICATION

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

NAME (Last, First, Middle Initial)		DRIVER'S LIC:	
BUSINESS NAME		HOME PHONE	CELL PHONE
STREET ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS			
APPLICANT AFFILIATION (Fill all that apply)			
Camarillo Airport _____ Hangar or Tie-down Tenant Hangar/Tie-down # _____ Oxnard Airport _____ Airport Business Staff/Tenant Business _____ Both _____ 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:	
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> _____ Airport Representative </div> <div style="text-align: center;"> _____ Date </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Data Entry </div>	