

Benson Municipal Airport—Gate Access Control Card Application

Card Key# _____

<input type="checkbox"/> New/Reprogram (\$10) <input type="checkbox"/> Replacement/Lost (\$10) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start Date ___/___/___ End Date ___/___/___	<i>Office Use Only</i> Issued By _____ Date ___/___/___ Signature _____ Amount Due _____
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Section 1—Applicant’s Information (please print legibly or application may be rejected)

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ City _____ State _____ Zip Code _____

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

Driver’s License Number _____ State _____ Expiration ___/___/___ DOB ___/___/___

Make of Vehicle 1 _____ Model of Vehicle 1 _____ License _____ State _____

Make of Vehicle 2 _____ Model of Vehicle 2 _____ License _____ State _____

Pilot and/or Aircraft Owner: Pilot Aircraft Owner Both E-mail Address _____

Aircraft 1 Type _____ Aircraft 1 Model _____ Tail # _____ Hangar # _____ Tie Down # _____

Aircraft 2 Type _____ Aircraft 2 Model _____ Tail # _____ Hangar # _____ Tie Down # _____

Business Owner, Employee, or Contractor: Business Owner Employee Contractor Other _____

Business Name _____ Business Phone (____) _____ - _____

Applicant’s E-mail Address _____ Name of Supervisor _____

Service or Delivery Company Personnel: Access Requirements (circle applicable days and enter approximate timeframe)

Days: Mo Tu We Th Fr Sa Su Timeframe: _____ am/pm (circle one) to _____ am/pm (circle one)

Business Name _____ Supervisor _____ Phone(____) _____ - _____

Section 2—Applicant's Airport Security and Access Responsibility Agreement

1. I will not allow anyone else to use my Gate Access Control Card(s).
2. I will stop and wait for the gate to fully close (entering and exiting) prior to leaving the gate area.
3. I will not stop on the gate tracks. I understand the City of Benson is not responsible for vehicle damage.
4. I will not allow anyone who is not under my escort (non badge holder only) to follow me through any access gate.
5. I will closely monitor the activity of anyone I escort onto the airside.
6. I will report the loss of my Gate Access Control Card immediately to the City of Benson or call 520-586-2245.
7. I understand that there is a \$10 fee to replace a lost, stolen, or damaged Gate Access Control Card.
8. I agree that the Gate Access Control Card is the property of Benson Municipal Airport and that it shall be returned upon request or when airside access is no longer required.
9. If the gate shall malfunction, I will immediately notify the City of Benson at 520-586-2245.
10. I understand that gate access will not be granted if I do not have my Gate Access Control Card in my possession.
11. I will abide by all airport rules and regulations and airport signage.

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

The information that 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 ___/___/___