

**WALLA WALLA REGIONAL AIRPORT  
AVIATION RAMP ACCESS CARD AGREEMENT**

**Aviation Business/Employee Form**

Access Card Serial No.: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee Of: \_\_\_\_\_ Hangar # and/or address: \_\_\_\_\_

Vehicle #1: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Vehicle #2: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

**Aviation Ramp Access Card Agreement:** In exchange for receiving an aviation ramp access card, I hereby agree to the following:

- I will not put any symbols or letters on the card that would identify its use at the Walla Walla Regional Airport.
- I will immediately notify the Walla Walla Regional Airport (509) 525-3100 if my card is lost, stolen or damaged. A replacement card will cost \$10.00.
- I understand and agree that this card is for business use only and I will not give out or loan it to anyone else at anytime.
- I understand and agree that I shall be responsible for all individuals that accompany me through the aviation access gate.
- I understand that in case of an emergency or a security breach that the aviation gates may be deactivated for a period of time.
- This agreement may be cancelled at any time by the user turning in the access card to the Airport Administration office at 310 A Street.
- At the end of my employment with the above referenced employer, I will return the card to the airport on my last day of employment.
- I will not park my personal car inside the fence unless first having obtain permission from the airport.
- I understand the airport may revoke my access card if having first being notified of an infraction that said infraction is repeated or at anytime without notice if I loan or give my card to anyone else.
- I will notify the Walla Walla Regional Airport if any of the above contact information changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date