



WORCESTER REGIONAL AIRPORT

POLICE / AIRCRAFT RESCUE FIRE FIGHTING DEPARTMENT
375 AIRPORT DRIVE
WORCESTER, MASSACHUSETTS 01602
PHONE (508) 799 1348 FAX (508) 799 1354

2002

Airfield Access Application

Gate Card #(s) _____ Sticker #(s) _____

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Aircraft-Make and Model: _____

Aircraft Registration #: _____
(copy of registration required)

Vehicle #1

Make, Model and Color: _____

Registration (# and state): _____

Insured to \$100,000 Property Damage: YES() NO()
(copy of insurance required)

Vehicle #2

Make, Model and Color: _____

Registration (# and state): _____

Insured to \$100,000 Property Damage: YES() NO()
(copy of insurance required)

T-Hanger #: _____

Tiedown #: _____

I, undersigned, acknowledge that I have read and understood the T-Hanger and Tiedown Automobile Access Rules and Regulations, and will surrender upon demand from the Airport Director, for any reason, the permit issued. I also acknowledge that I will be fully responsible for any type of damages resulting from movement and parking of vehicle.

The Commission reserves the right to interpret any part of this agreement in their favor.

Aircraft/Vehicle Owner: _____

Officer Issuing Permit: _____ Date: _____ / _____ / **2002**