



VEHICLE CAP REQUEST FORM

Applicant Information

Applicant Name: _____ Phone Number: _____

Cap Type: AOA Secured Badge Number: _____

Vehicle Description: _____
Make Model Year and Color

Vehicle License Plate and/or Identification Number: _____

Request Date: _____ Anticipated Return Date: _____

Company Name: _____ Sponsor Company: _____

Operational Need: _____

Signatory Approval: _____
Print Signature Date

Company's certificate of insurance stating vehicle is covered under insurance policy must be on file with the DOA or included with this application. If vehicle is not listed on certificate, please provide a letter certifying the vehicle is covered under company's insurance policy and attach certificate of insurance meeting the minimum insurance requirements.

(To be completed by the Badge or Security Office ONLY.)

Insurance Verified: Copy of Applicant Driver's License: Copy of Applicant's Airport ID

Office Representative: _____
Print Signature Date

(Do not fill out form below this line. To be completed by Security Office ONLY.)

Vehicle Cap Information

Vehicle Cap Type: AOA Secured Vehicle Cap Number: _____

Security Office: _____
Print Signature Date

(To be completed upon pickup of vehicle media.)

Applicant: _____
Print Signature Date

Issued By: _____
Print Signature Date

(To be completed upon RETURN of vehicle media.)

Date Returned: _____ Logged in the Vehicle Cap Log

Returned To: _____
Print Signature