



Daniel K. Inouye International Airport MOVEMENT AREA PERMIT APPLICATION



All fields are required. Handwritten and incomplete forms will be rejected.

NEW RENEW (Old Permit Number): _____ REPLACEMENT

LAST NAME		FIRST NAME		MIDDLE INITIAL	
HOME STREET ADDRESS (P.O. Box not allowed)			APT #	CITY	STATE
CELL PHONE NUMBER	COMPANY PHONE NUMBER		EMAIL ADDRESS		

DRIVER'S LICENSE & BADGE INFORMATION

DRIVER'S LICENSE NUMBER	STATE ISSUED	DRIVERS LICENSE EXPIRATION DATE
AIRPORT BADGE NUMBER	AIRPORT BADGE EXPIRATION DATE	
CURRENT PERMIT NUMBER (RAMP LICENSE NUMBER)	CURRENT PERMIT EXPIRATION DATE	

As a Daniel K. Inouye International Airport (HNL) Movement Permit holder, I acknowledge and hereby agree to the following:

- 1) I must receive recurrent Movement Area Driver's Training on or before my permit expires. Failure to do so will require me to return the Movement Permit to the Pass & ID Office.
- 2) I must return this permit to the Pass & ID Office if it is no longer a requirement of my job to operate in the Movement Area.
- 3) If for any reason my driver's license becomes invalid, I will immediately surrender my Movement Area Permit to the Pass & ID Office, my Supervisor, and/or the company's Authorized Signatory.
- 4) I must immediately notify the Pass & ID Office, my supervisor and/or the company's Authorized Signatory if my Movement Permit is lost, stolen, or unaccounted for.
- 5) If I hold a Movement Permit for more than one company, I will only use the permit that is consistent with the badge used to access Airport property.
- 6) I understand that I am not allowed to drive in the Movement Area without a permit.
- 7) I understand and agree to all fees associated with the permit.
- 8) I understand that this permit is valid only at the Daniel K. Inouye International Airport.
- 9) I understand that failure of any of the above may result in the deactivation of my HNL badge until the requirements are met.
- 10) I agree to abide by the rules and regulations prescribed for the operation of any equipment within the airport movement area. Use of this permit in any manner or method which violates the airport, state, and/or federal rules and regulations may result in one or more of the following: administrative action, retraining, fines, and/or revocation of all driving privileges at HNL.

APPLICANT'S SIGNATURE	DATE
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SIGNATORY AUTHORIZATION

The employee named in this application has reason to operate equipment in the Movement Area, has received training in airfield familiarity and radio operations, and is authorized to attend the Movement Area Training. My company accepts liability for any and all damages/injuries that may result from operating in the AOA and Movement Area.

AUTHORIZED SIGNER (Print)	DATE
AUTHORIZED SIGNER (Signature)	WORK E-MAIL ADDRESS

COMPANY NAME

OFFICE USE ONLY

MOVEMENT TRAINING DATE	MOVEMENT EXPIRATION DATE
MOVEMENT ISSUE DATE	MOVEMENT ISSUED BY (TA's initial and Date)