City of **Cold Lake**

COLD LAKE AERODROME
RESTRICTED AIRSIDE ACCESS PASS FORM

APPLICANT INFORMATION			
Applicant Name:		Application Date:	
Address:		City:	Province:
Postal Code:	Phone #:	Cell/Alternate #:	
Email:			

REASON FOR RESTRICTED AIRSIDE ACCESS PASS
☐ Pilot, Navigator, Flight Engineer or Aircraft Maintenance Engineer ☐ Maintenance/ Repair ☐ Construction ☐ Other, please describe:

Restricted Access Start Date:	Restricted Access End Date:

Aviation Use only Permitted if Authorized by the Airport Authority/ Manager
I/ we hereby declare I/we have reviewed and understand the conditions/terms of the Cold Lake Aerodrome User Policy 144-OP-12 and that the use of the Restricted Airside Access Pass for the reason as identified in this application will be conducted in accordance with the policies. I/we further declare that I/we will notify the City of Cold Lake Airport Authority/ Manager of any changes stated in this application. The Restricted Airside Pass will be returned to the Airport Authority/Manager when the pass is no longer required or if requested to be returned by the Airport Authority/ Manager.

Date signed:	Print name:	Signature of Applicant:

Checklist of Submission Requirements
Fields that have an asterisk (*) must be provided. The Airport Authority/ Manager may require additional information if deemed necessary to assess application

☐ **Completed and Signed form***	☐ Proof of Licenses
☐ Proof of Insurance	☐ Identification

Important Notice:

The applicant has no right to access the restricted airside until written authorization has been granted by the Airport Authority/ Manager.

OFFICE USE ONLY		
Date Received:	Received By:	☐ Approved ☐ Rejected
Receipt #:	Signature of Airport Authority/ Manager:	
Date Airside Pass issued:	Date Airside Pass returned:	
NOTAM issued by:	Start Date of NOTAM:	End Date of NOTAM:

5513 - 48 Avenue, Cold Lake, AB ● T9M 1A1 ● Ph: 780-594-4494 ● Fax: 780-594-3480