

**For Massport Use Only:**

SCHEDULE: A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F \_\_\_ FEE STATUS: Paid \_\_\_ Invoice \_\_\_ Other \_\_\_ PVB ID \_\_\_

**AVIATION SECURITY MASSACHUSETTS PORT AUTHORITY**

**Boston Logan International Airport, East Boston, MA 02128**

**APPLICATION FOR RAMP OR AERODROME VEHICLE PERMIT**

*Click Here for Additional Information*

REQUIRED INSURANCE COVERAGE CERTIFICATE ON FILE? NO \_\_\_ YES \_\_\_ SUBMITTED TO \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

1. Applicant Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Vehicle Owner: Yes \_\_\_ No \_\_\_ If No, Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. If Consultant/Contrator: Contract No. \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Name of Contract Sponsor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contract/Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_ State: \_\_\_\_\_ Registration/Plate: \_\_\_\_\_

5. Reason for Vehicle Needing Access: \_\_\_\_\_ GSE\* Equipment Only; VEHICLE TYPE 1-24 \_\_\_\_\_ FUEL TYPE 1-6 \_\_\_\_\_

6. Is Vehicle Intended For Use On The Movement Areas: YES \_\_\_ NO \_\_\_ Roof Mounted Warning Light: YES \_\_\_ NO \_\_\_ FAA Radio: YES \_\_\_ NO \_\_\_ Massport Radio: YES \_\_\_ NO \_\_\_

7. How is Vehicle Marked or Identified: \_\_\_\_\_

8. Has Vehicle Been Modified In Any Way Since Date Of Manufacture: \_\_\_\_\_

**CERTIFICATION**

By signing below, the applicant certifies to the Massachusetts Port Authority that the information set forth above is accurate, the coverage limits set forth above are accurate, and that the above vehicle is, and will be maintained, in good mechanical operating condition at all times and that its operation will be in strict accordance with the Rules and Regulations for operation on Logan International Airport. The applicant acknowledges that the use of the ramp and apron permits/stickers for purposes of obtaining access to the Air Operations Area constitutes consent to search the driver, vehicle, and any other occupants of said vehicle at any time.

**Sponsor**

**Applicant/Contractor/Consultant**

Original Signature \_\_\_\_\_

Date \_\_\_\_\_

Print \_\_\_\_\_

Original Signature \_\_\_\_\_

Date \_\_\_\_\_

Print \_\_\_\_\_

**MASSPORT USE ONLY**

Annual   
 Temp   
 Rejected

SP ID No: \_\_\_\_\_

Permit No: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Personal Vehicle Waiver Approval \_\_\_\_\_

Waiver of Standard Insurance Requirements Approval:  
 Risk Mgmt: \_\_\_\_\_ Minimum Limit \$ \_\_\_\_\_