Security Access Office

Phone: (650) 821-5200

REGISTERED VEHICLE RAMP ACCESS PERMIT APPLICATION



Fax: (650) 821-5259

Email: sao.veh	iclepermits@i	flysfo.com									
Name of Company: Name of Authorized Signatory: Authorized Signatory's Signature:				Company Code: Contact Telephone Number: Type of Vehicle Permit Request: New Renewal Lost or Replacement				Date:			
								For Lost or Replacement permits, please provide existing Vehicle Permit Numbers:			
								-			
Please provid	e requested	l information b	elow and	type or print l	egibly. All Ve	ehicle Perm	it Reques	ts are s	subject to final	approval by SA	O Manager.
License Number <u>or</u> VII Number	N State	Vehicle Registration Expiration Date (Month/Year)	Make	Model	Туре	Year	Fuel Type (see below)		Engine Manufacturing Year (Biodiesel or Diesel only)	Vehicle Checkpoint (see Codes below)	For SAO Use Only - Permit Number
		_									
Checkpoint Cod	es:			Fuel Types:		Vehi	cle Peri	nit Re	ceipt:		
CG Cargo NF Northfield SF Southfield WF Westfield RM Romeo (For Intra- Airport Traffic Only) ALL All of the above Checkpoints SGT Signature Gate ^ (Not Included in ALL)				Biodiesel CNG Diesel Electric Gasoline Hybrid-Electric Hydrogen Propane Solar			Pick-up Date: Name: UPID: Signature:				

Vehicle Permit Request Form Revised: 03/2016

Signature: