



**PARKING BADGE APPLICATION**

Office: 912-964-0514 Ext. 4425 / FAX: 912-963-2503  
 badging@flysav.com

SECTION 1 - TO BE COMPLETED BY APPLICANT			
EMPLOYER:		JOB TITLE:	
LEGAL NAME (Last, First, Middle):		SOCIAL SECURITY NUMBER:	
ALIAS NAME (Last, First, Middle):		ALIAS NAME (Last, First, Middle):	
ADDRESS (Street/ Apartment #):		CITY:	STATE:
		ZIP:	
HOME PHONE #:	CELL PHONE #:	EMAIL:	
DATE OF BIRTH:			
PLACE OF BIRTH (STATE/COUNTRY):		CITIZENSHIP:	
RACE (PLEASE CIRCLE ONE):    AMERICAN INDIAN    ASIAN    BLACK    WHITE    HISPANIC/LATINO    UNKNOWN			
DRIVERS LICENSE NUMBER:		DL STATE:	DL EXPIRATION:
SIGNATURE OF APPLICANT:			DATE:
SECTION 2 – ID MEDIA ACKNOWLEDGMENT			

**Signatory:**

I acknowledge responsibility for any TSA fines levied against the Savannah Airport Commission which are caused by the failure of one of our employees to adhere to the Savannah Airport Commission Security Program.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

By use of this ID Media, I agree to the following:

- Savannah Hilton Head International Airport reserves the right to revoke, amend or discontinue parking privileges at its discretion.
- Use of parking access card by anyone other than applicant is strictly prohibited.
- Unauthorized vehicles will be ticketed and/or towed at owner's expense.
- Savannah Hilton Head International Airport is not liable or responsible for theft or damage to any vehicle or its contents.
- Parking in designated marked spaces is reserved for authorized vehicles only.
- If the ID Media is no longer needed, it is to be returned to the Savannah Hilton Head International Airport Badging Office.
- If the ID Media is lost, applicable badge fees will apply.

I hereby certify that I have read and understand the rules and regulations set forth by the Savannah/ Hilton Head International Airport regarding parking in the Employee Parking Lot. I recognize that failure to follow those rules and regulations may result in a parking citation and/or access removal.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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SECTION 3-VEHICLE INFORMATION- TO BE COMPLETED BY APPLICANT				
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:
MAKE:	MODEL:	YEAR:	COLOR:	TAG # / STATE:
INSURANCE COMPANY:		POLICY # / EXPIRATION:		DECAL #:



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