



PARKING BADGE APPLICATION

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badging@flysav.com

SECTION 1 - TO BE COMPLETED BY THE APPLICANT				
EMPLOYER:		JOB TITLE:		
LEGAL NAME (Last, First, Middle):				
ADDRESS (Street/ Apartment):		CITY:	STATE:	ZIP:
HOME PHONE #:	CELL PHONE #:	EMAIL:		
DRIVERS' LICENSE NUMBER:		DL STATE:	DL EXPIRATION:	
SECTION 2 – ID MEDIA ACKNOWLEDGMENT				

By using this ID Media, I agree with the following:

- Savannah Hilton Head International Airport reserves the right to revoke, amend or discontinue parking privileges at its discretion.
- Use of parking access cards by anyone other than the applicant is strictly prohibited.
- Unauthorized vehicles will be ticketed and towed at the 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 must be returned to the Savannah Hilton Head International Airport Badging Office.
- If the ID Media is lost, applicable badge fees will apply.

I certify that I have read and understood 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 removal of access.

Print Name: _____

Signature: _____ Date: _____

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