

EMPLOYEE PARKING PASS REQUEST

Parking Services

Phone: (424) 646-7275

Email: Parking@lawa.org

ORGANIZATION: Airline Concessionaire Government Ground Handler LAWA/LAWA VIP OTHER

REQUEST: Complimentary Paid Basic Standard Premium
 Update Replacement Delete Lost/Stolen

PLEASE PRINT OR TYPE CLEARLY

NAME _____ TITLE _____
LAST FIRST MIDDLE

EMPLOYER _____ WORK PHONE _____

Are you permanently assigned to LAX? YES NO

Are you a current Employee Parking Pass holder? YES NO If yes, what is your card#? _____

Are you replacing a current Employee Parking Pass holder? YES NO

If yes, what is the name & card# of employee being replaced? _____
LASTNAME FIRSTNAME CARD #

REASON FOR ISSUE OR UPDATE _____

PLEASE PRINT OR TYPE CLEARLY Ø ZERO O LETTER I ONE I LETTER

LICENSE PLATE* _____ OLD PLATE* (IF UPDATE) _____
STATE LICENSE or VIN# STATE LICENSE or VIN#

VEHICLE TYPE: PERSONAL COMPANY/GOVERNMENT

***IF NO LICENSE PLATE, USE LAST SEVEN DIGITS OF VEHICLE ID NUMBER (VIN #)**

I have read and agree to abide by the Employee Parking Pass Program Rules and Regulations:

EMPLOYEE SIGNATURE DATE EMAIL

AUTHORIZING SUPERVISOR/PARKING LIAISON AUTHORIZING SUPERVISOR/PARKING LIAISON DATE
(PLEASE PRINT) SIGNATURE

SUPERVISOR'S TITLE WORK PHONE

A PHOTOCOPY OF APPLICANT'S CURRENT LAWA SECURITY BADGE MUST ACCOMPANY THIS APPLICATION

IF REQUIRED, LAWA Airport Operations & Emergency Management DED SIGNATURE DATE