



Broward County Aviation Department
Form 705-71 Air Operations Area (AOA)

BCAD USE ONLY		
Approved By: _____	Approved Date: _____	
Permanent	Temporary	Lost/Replacement
Expiration Date: _____		

Vehicle Ramp Access Decal Application

This Decal Application is a request for the described motor vehicle/equipment to be admitted and operated on the Air Operations Area of the Fort Lauderdale-Hollywood International Airport for the use indicated. It grants no exemption, or waiver of any kind whatsoever from any Statute, Ordinance, or Regulation. In accordance with the Fort Lauderdale-Hollywood International Airport Security Program, the motor vehicle shall be appropriately marked with a decal so as to be readily identified and the driver or escort must display on their person a valid Airport Security I.D. Badge issued by the Broward County Aviation Department.

<p>Vehicles that qualify to be licensed for road use shall carry the following minimum coverage for COMMERCIAL AUTOMOBILE LIABILITY insurance per occurrence:</p> <p>Combined Single Limit for Bodily Injury or Property Damage</p> <p>_____ \$5 Million (or its equivalent) _____ \$_____ Million (or its equivalent)</p>	<p>Motorized Ground Service Equipment not licensed for road use or covered under a Commercial Automobile policy shall carry the following minimum coverage for COMMERCIAL GENERAL LIABILITY per occurrence:</p> <p>Combined Single Limit for Bodily Injury or Property Damage</p> <p>_____ \$5 Million (or its equivalent) _____ \$_____ Million (or its equivalent)</p>
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NOTE: A current, signed letter on company letterhead must accompany this application, or be on file with the Broward County Aviation Department, Operations Division.

MOTOR VEHICLE INFORMATION AND DESCRIPTION

COMPANY NAME: _____ **CONTACT NUMBER:** _____

ADDRESS: _____

USE: _____

BCAD CONTRACT ADMINISTRATOR: _____

SUBMITTED BY: _____ **TITLE:** _____

_____ **DATE:** _____

(AUTHORIZED SIGNER)

VEHICLE YEAR	MAKE	MODEL	COLOR	LICENSE #	VIN#	MARKINGS	TYPE	DECAL # BCAD USE ONLY	Inspector Initials	DATE

Ramp Access Decal Vehicle Inspection 2019

<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	Vehicle 1	Re-inspection Date
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance (<i>No major dents, FOD container, No loose trash</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Company logo, vehicle number (<i>visible 3" letter font, Fr/Bk or Rt/L</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Headlights, Running lights, Brake lights, Reverse lights	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Tires/Chocks (<i>worn tread ≤ 2/32", missing lug nuts, damaged rim</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors Side/ Rearview (broken/missing)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fuel/Fluid/Oil (<i>active leaks/build-up on engine</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System (Excessive smoke, loose/hanging pipes/muffler)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windshield (<i>wipers/mister if applicable</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Operational emergency/parking brake (<i>Brake MUST hold equipment when place in gear</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Horn, Back-up warning alarm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Annual DOT/OSHA Safety Inspection(s) (<i>Chaise/Lift/Cargo tank</i>)	_____

<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	Vehicle 2	Re-inspection Date
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance (<i>No major dents, FOD container, No loose trash</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Company logo, vehicle number (<i>visible 3" letter font, Fr/Bk or Rt/L</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Headlights, Running lights, Brake lights, Reverse lights	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Tires/Chocks (<i>worn tread ≤ 2/32", missing lug nuts, damaged rim</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors Side/ Rearview (broken/missing)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fuel/Fluid/Oil (<i>active leaks/build-up on engine</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System (Excessive smoke, loose/hanging pipes/muffler)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windshield (<i>wipers/mister if applicable</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Operational emergency/parking brake (<i>Brake MUST hold equipment when place in gear</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Horn, Back-up warning alarm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Annual DOT/OSHA Safety Inspection(s) (<i>Chaise/Lift/Cargo tank</i>)	_____

<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	Vehicle 3	Re-inspection Date
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance (<i>No major dents, FOD container, No loose trash</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Company logo, vehicle number (<i>visible 3" letter font, Fr/Bk or Rt/L</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Headlights, Running lights, Brake lights, Reverse lights	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Tires/Chocks (<i>worn tread ≤ 2/32", missing lug nuts, damaged rim</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors Side/ Rearview (broken/missing)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fuel/Fluid/Oil (<i>active leaks/build-up on engine</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System (Excessive smoke, loose/hanging pipes/muffler)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windshield (<i>wipers/mister if applicable</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Operational emergency/parking brake (<i>Brake MUST hold equipment when place in gear</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Horn, Back-up warning alarm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Annual DOT/OSHA Safety Inspection(s) (<i>Chaise/Lift/Cargo tank</i>)	_____

<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	Vehicle 4	Re-inspection Date
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance (<i>No major dents, FOD container, No loose trash</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Company logo, vehicle number (<i>visible 3" letter font, Fr/Bk or Rt/L</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Headlights, Running lights, Brake lights, Reverse lights	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Tires/Chocks (<i>worn tread ≤ 2/32", missing lug nuts, damaged rim</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors Side/ Rearview (broken/missing)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fuel/Fluid/Oil (<i>active leaks/build-up on engine</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System (Excessive smoke, loose/hanging pipes/muffler)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windshield (<i>wipers/mister if applicable</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Operational emergency/parking brake (<i>Brake MUST hold equipment when place in gear</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Horn, Back-up warning alarm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Annual DOT/OSHA Safety Inspection(s) (<i>Chaise/Lift/Cargo tank</i>)	_____

<input type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	Vehicle 5	Re-inspection Date
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance (<i>No major dents, FOD container, No loose trash</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Company logo, vehicle number (<i>visible 3" letter font, Fr/Bk or Rt/L</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Headlights, Running lights, Brake lights, Reverse lights	_____
<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Tires/Chocks (<i>worn tread ≤ 2/32", missing lug nuts, damaged rim</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors Side/ Rearview (broken/missing)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fuel/Fluid/Oil (<i>active leaks/build-up on engine</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System (Excessive smoke, loose/hanging pipes/muffler)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Windshield (<i>wipers/mister if applicable</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Operational emergency/parking brake (<i>Brake MUST hold equipment when place in gear</i>)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Horn, Back-up warning alarm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Annual DOT/OSHA Safety Inspection(s) (<i>Chaise/Lift/Cargo tank</i>)	_____