

HAYWARD EXECUTIVE AIRPORT
20301 SKYWEST DRIVE, HAYWARD, CA 94541-4699
Tel: (510) 293-8678 Fax: (510) 783-4556

TAXIWAY ACCESS PERMIT APPLICATION

Please Print

Applicant's Name _____ Phone _____

Home Address _____

Business Name _____

Business Address _____

Business Phone _____ Emergency Phone _____

Location/Address of Property to which Taxiway Access is Sought ("Specified Property")

If applicant is other than the owner of the property:

Date of Possession of Premises _____ Duration of Lease _____

Names, Addresses, and Phone Numbers of all Officers, Directors, Partners, and the General Manager *(If applicable)*

1. _____

2. _____

Business or Activity to be conducted: _____

No. of persons employed in proposed operation _____ Proposed Hours of Operation _____

Please list aircraft to be used in the operation. Include make, model, and registration.
(Attach copy of FAA Certificate of Aircraft Registration)

Does applicant require the use of any airport property other than to gain access to the Airport?

Does applicant intend to engage in self-fueling? No _____ Yes _____
(If yes, request "Fueling Requirements")

I hereby certify that all statements made in this application form are true and complete, and that any misstatements or omissions of material facts may subject me to revocation of my Taxiway Access Permit. I hereby agree to accept notice under my Permit with the City of Hayward at the home/business address listed above.

Applicant's Signature

Date