



Card Number	_____
PIN Number	_____
Badge Staff Initials	_____

**Application for PDX Parking Access Card (PAC)**

Name: \_\_\_\_\_  
Last First Employer

Home Address: \_\_\_\_\_  
Street City State Zip

Contact Numbers: \_\_\_\_\_  
Home Phone Work Phone

Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

**Grey Boxes to be Completed by Authorized Signatory (AS)**

Check all that Apply		(Non-Domicile does not require an AS signature)
<input type="checkbox"/> Non-Domicile		
<input type="checkbox"/> Parking Area	_____ AS Initials	AS Printed Name: _____
<input type="checkbox"/> Port Offices	_____ AS Initials	
<input type="checkbox"/> Exit Plaza	_____ AS Initials	AS Signature: _____
<input type="checkbox"/> Exit Plaza Mgr.	_____ AS Initials	
<input type="checkbox"/> Flight Crew	_____ AS Initials	AS Phone Number: _____

By signing below, I agree that I have read and accept the terms set forth in the Portland International Airport (PDX) Employee Lot Guidelines as provided at the time of this application or available in the PDX Rules and Regulations.

_____	_____	_____
Print Full Name	Signature	Date