

WORK PERMIT

Requested by: _____ **Company:** _____

Contact Person: _____ **Phone:** _____

Signature: _____

Detailed description of the work to be performed: (attach drawings and schedules)

Work Start Date: _____

Work Completion Date: _____

Exact Location of the work to be performed:

- Area I – Terminal Public
- Area II – Terminal Restricted
- Area III – Airside
- Area IV - Airside Movement area (this area requires an insurance of (USD 1,000,000.00))

Insurance coverage needed exceeds \$84,000.00. No Yes Surcharge to be paid \$ _____

Requester hereby acknowledges that he/she has read the procedure for General Requirements Regarding Fire-Health & Safety to obtain Work Authorization Permit and will adhere to such procedures.

Include following attachments:

1. List of materials to be used (if applicable)
2. How materials will be brought to the project site and where materials will be stored. (if applicable)
3. How will extra materials and rubbish be removed from site? (if applicable)
4. Explain the clean-up process to be used to restore the site to pre-project conditions. (if applicable)
5. List of project personnel and identification number

BIA Authority only

REVIEWS AND APPROVALS

- Safety Performance DATE _____ BY _____
- Maintenance DATE _____ BY _____
- Security DATE _____ BY _____
- Operations DATE _____ BY _____

Comments:

Date airside safety instruction: _____ Safety Performance: _____
 Instruction completed:

Date: _____ Time: _____ Given by: _____
 WORK AUTHORIZATION PERMIT APPROVED DISAPPROVED

BY CHIEF OPERATING OFFICER _____ DATE: _____