

DAILY VEHICLE PASS REQUEST FORM

FLORENCE AIRPORT

Space to be filled in by the Pass Office

Application submission date _____ Protocol no. _____

The undersigned _____ Job title/qualification _____

Company/Public Body _____

fully aware of the criminal liability incurred in case of misrepresentation or false statement pursuant to art. 76 of DPR no. 445 of 28 December 2000 and art. 495 of the Criminal Code:

REQUESTS THIS OFFICE TO ISSUE A DAILY VEHICLE PASS

<input type="checkbox"/> PAID	EXEMPT FROM PAYMENT	<input type="checkbox"/> TA EMPLOYEE <input type="checkbox"/> TA AUTH. VISITOR _____ <input type="checkbox"/> PUBLIC BODY
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for the following vehicle of the Company /Public Body _____

registered address _____

_____ Tel. _____

Model _____ Plate number/VIN _____

Valid from h _____ of (date) _____ to h _____ of (date) _____

Reason: _____

Associated with the extraordinary event _____

To access the following areas (select the areas in the table below):

No.	Access Areas	
1	All areas	
5	Aprons, aircraft and vicinity	
6	Perimeter	

☐ Escorted by _____ AP # _____ Exp. _____

☐ No need to be escorted because driver has AP # _____ Exp. _____ and ADC # _____ Exp. _____

The applicant is aware that the permit is requested for the time strictly necessary to provide the service for which the use of the vehicle is indispensable, and agrees to collect it at the completion of the task and to return it to the Pass Office of Toscana Aeroporti S.p.A.

It is hereby acknowledged that, pursuant to art. 13 of Legislative Decree 196/03, the personal data collected in this form will be exclusively used for the purposes associated with the activities of this Office and will not be used for any other purpose without the consent of the person/s concerned.

Request date _____ **Applicant's signature** _____

After examining the request on _____ Daily Vehicle Pass is issued.

Stamp and signature of the Pass Office/TOS _____

ANNEXES

- ✓ Two-sided copy of the vehicle registration logbook.
- ✓ Copy of third-party liability insurance, with clear indication of the limit of liability.
- ✓ Copy of insurance certificate and tag.
- ✓ Copy of payment receipt.

INVOICING DETAILS

Issue invoice to:

Company name (*name and surname for natural persons*)

Registered address of the company (*personal residence for natural persons*)
(street, number, city, state)

Taxpayer's Code (*mandatory for companies as well*)

VAT number

The applicant declares that, if the insurance policy includes sub-limits or excesses, the insured buyer shall be liable for their coverage.

Applicant's name and surname (in full and legible):

Date

Signature
