



555 AIRPORT WAY, SUITE B
 CAMARILLO, CA 93010
 PHONE: (805) 388-4274
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WWW.VENTURA.ORG/AIRPORTS
WWW.IFLYOXNARD.COM

GATE CARD APPLICATION

GATE CARD APPLICANT INFORMATION (*PLEASE PRINT*) () NEW (\$20) () REPLACEMENT (\$16)

NAME (Last, First, Middle Initial)		DRIVER'S LIC:	
BUSINESS NAME		HOME PHONE	CELL PHONE
STREET ADDRESS		CITY	STATE ZIP
EMAIL ADDRESS (Optional)			
APPLICANT AFFILIATION (Fill all that apply)			
Camarillo Airport _____		_____ Hangar or Tie-down Tenant Hangar/Tie-down # _____	
Oxnard Airport _____		_____ Airport Business Staff/Tenant Business _____	
Both _____		_____ Other Explain _____	

This gate card is issued in accordance with Ordinance 4040, Section 6507-1. I shall immediately report any loss or theft of this gate card to the County of Ventura Department of Airports. I understand that this card may be revoked at any time if I fail to abide by the Airport rules and regulations. I acknowledge that the gate card is an outright/non-refundable purchase.

APPLICANT SIGNATURE _____ DATE _____

ADMINISTRATIVE USE ONLY

Authorized Gate Group:	Driver's Training Date:
Date Activated:	Remarks:
Fee Paid: Yes() No() (Explain _____)	
Gate Card Number Issued:	
_____	_____
Airport Representative	Date
<input type="checkbox"/> Data Entry	