

# EMPLOYEE PARKING PASS REQUEST

Parking Services

Phone: (424) 646-7275

Email: Parking@lawa.org

ORGANIZATION:  Airline  Concessionaire  Government  Ground Handler  LAWA/LAWA VIP  OTHER

REQUEST:  Complimentary  Paid  Basic  Premium  LAX Economy Parking  
 Update  Replacement  Delete  Lost/Stolen

**PLEASE PRINT OR TYPE CLEARLY**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
LAST FIRST MIDDLE

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Are you permanently assigned to LAX?  YES  NO

Are you a current Employee Parking Pass holder?  YES  NO If yes, what is your card#? \_\_\_\_\_

Are you replacing a current Employee Parking Pass holder?  YES  NO

If yes, what is the name & card# of employee being replaced? \_\_\_\_\_  
LASTNAME FIRSTNAME CARD #

REASON FOR ISSUE OR UPDATE \_\_\_\_\_

**PLEASE PRINT OR TYPE CLEARLY Ø ZERO O LETTER I ONE I LETTER**

LICENSE PLATE\* \_\_\_\_\_ OLD PLATE\* (IF UPDATE) \_\_\_\_\_  
STATE LICENSE or VIN# STATE LICENSE or VIN#

VEHICLE TYPE:  PERSONAL  COMPANY/GOVERNMENT

**\*IF NO LICENSE PLATE, USE LAST SEVEN DIGITS OF VEHICLE ID NUMBER (VIN #)**

**I have read and agree to abide by the Employee Parking Pass Program Rules and Regulations:**

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE EMAIL

\_\_\_\_\_  
AUTHORIZING SUPERVISOR/PARKING LIAISON AUTHORIZING SUPERVISOR/PARKING LIAISON DATE  
(PLEASE PRINT) SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S TITLE WORK PHONE

**A PHOTOCOPY OF APPLICANT'S CURRENT LAWA SECURITY BADGE MUST ACCOMPANY THIS APPLICATION**

\_\_\_\_\_  
IF REQUIRED, LAWA Airport Operations & Emergency Management DED SIGNATURE DATE