Application for approval to drive in the restricted area of Stuttgart Airport for the year 2027

☐ **Years badge***

☐ **Temporary badge***

(*please check)

_____

From - till (temp. Badge period only, max. 4 weeks)

Applicant:

Company name (for individuals: Surname, first name):

_____

Address:

_____

Telephone: _____ **Email:** _____

Purchase Order-/Reference Number*: _____ **E-Mail (for Electronic Invoicing):** _____

*If required, this information must be provided.

Detailed activities of the company / individual at Stuttgart Airport:**

_____

Detailed and all activity areas at Stuttgart Airport:**

_____

Operating at Stuttgart Airport on behalf of (all departments, companies or authorities):

_____

The current version of the airport usage rules and the traffic and safety rules for the restricted area of the Stuttgart Airport are the basis of this application.

These regulations and the provision associated with the driving permission have been noted.

Date: _____ **Signature:** _____

Client (company, official body, FSG department):

Company name / official body / FSG department:

_____

Address:

_____

Telephone:

_____

We hereby confirm that the applicant acts on our behalf in the area stated above.
The use of a vehicle is absolutely essential.

Date: _____ **Signature:** _____

The following scope is hereby requested:

Application*	Label	Scope of Application	Access
■	A	Maneuvering area, aprons and entire surface construction zone	All check-points
☐	B	Maneuvering area (escorted by leading vehicle), aprons and entire surface construction zone	All check-points
☐	V	Entire surface construction zone and apron areas	All check-points
☐	G	GAT area and entire surface construction zone	All check-points
☐	H	Entire surface construction zone	All check-points
☐	Z	Police helicopter squadron & dog kennel facility	Cargo check-point

* Please mark

Vehicle with requested label A and V, if at V the apron taxiway must be driven on outside taxi area roads:

The applicant hereby confirms that the prescribed vehicle identification, in accordance with the application terms point 13, has been attached to the vehicles or is present.	_____ Date	_____ Signature
The applicant hereby confirms that the prescribed rotating beacon, in accordance with the application terms point 13, is available.	_____ Date	_____ Signature

** **Authorization is assigned by the Airside Management based on detailed information on the places of work. A blanket specification ("entire security area", "entire building construction zone" or "entire campus" etc.) is not permitted and will result in the application not being processed and basically results in a processing fee.**

If you have any question about this, contact your specialist department / authority at Stuttgart Airport.

The application must include Appendix 1 (vehicle overview) and Appendix 2 (insurance evidence). Appendix 2 may - if necessary - be replaced by an equivalent written confirmation from the insurance provider.

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Applicant: _____ **Application dated:** _____ **Page** ____ **/** ____

STUTTGART AIRPORT

Appendix 1: Vehicle summary

Public or internal vehicle registration number	Manufacturer	Purpose of vehicle	Location where vehicle is used	Requested usage area

The following restrictions are stipulated by Airside Management for driving in the restricted area:

1 – Right to park the vehicle only when implementing the requested activity at Stuttgart Airport

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Appendix 2: Confirmation of insurance coverage

We hereby confirm that for the vehicle of our policy holder

Company name (for individuals: Surname, first name):

_____

Address:

_____

with the following registration numbers

there is insurance protection in place for the following scope:

Policy period: _____

Policy total for personal injury / damage to property and assets: _____

Insurance total for personal injury per injured person: _____

The insurance protection also applies to using the vehicle in the restricted area of Stuttgart Airport.

The following restrictions apply to the insurance protection stated above:

_____

_____

The insurance company is obliged to inform Flughafen Stuttgart GmbH without delay if the insurance protection is no longer in place in the scope certified above (email: ADM@stuttgart-airport.com).

Date: _____ **Company stamp / signature:** _____
of the insurance company