Security Access Office
Phone: (650) 821-5200
Fax: (650) 821-5259
Email: sao.vehiclepermits@flysfo.com

NON-REGISTERED VEHICLE PERMIT REQUEST FORM

Name of Authorized Signatory:	**Date:**
Name of Company:	**Company/Employer Number:**
Company Telephone Number:	**Authorized Signatory's Signature:**
Type of Non-Registered Vehicle Permit Request: ☐ **New** ☐ **Replacement**	**Number of Permits Requested:**

Please provide requested information below. All Vehicle Permit Request is subject to final approval by SAO Manager.

Serial Number or Identification Number	Make	Model	Type	Year	For SAO Use Only Permit Number

IMPORTANT NOTE:

Non-Registered Vehicle Permit MUST be prominently displayed on the LEFT side of the driver's door of the vehicle.

Non-Registered Vehicle Permit Receipt:

Pick-up Date: _____

Name: _____

Signature: _____