

# Application for approval to drive in the restricted area of Stuttgart Airport for the year 2025

Years badge*	
Temporary badge*	
(*please check)	from – till (temp. badge period only,
	max. 4 weeks)

## **Applicant:**

Address:  Telephone:  Email:  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 Stuttgart Airport are the basis of this application.  These regulations and the provisions associated with the driving permission have been noted.  Date:  Signature:  Ilient (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 areas stated above.	••
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We hereby confirm that the applicant acts on our behalf in the areas stated above.	Address:
	Telephone:
	We hereby confirm that the applicant acts on our behalf in the areas stated above. The use of a vehicle is absolutely essential.

#### The following scope is hereby requested:

Application°	Label	Scope of Application	Access	
	Α	Manoevering area, aprons and entire surface construction zone	All check-points	
	В	Manoevering 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	
	н	Entire surface construction zone	All check-points	
	Z	Police helicopter squadron & dog kennel facility	Cargo check-point	

<sup>°</sup> Please mark

#### Vehicles with requested label A and V, if at V the apron taxiway must be driven on outside the 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:

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

<sup>\*\*</sup> Authorization is assigned by Airport Operations on the basis of 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

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Applicant: Application dated: Page /	STUTTGART AIRPORT
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### **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 Airport Operations 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 confir	rm that for the ve	hicles of our policy	holder	
Company name (for i	ndividuals: Surname,	first name):		
Address:				
Audiess.				
with the followin	g registration nur	mbers		
there is insurance	e protection in pla	ace for the followir	ng scope:	
Policy period:				
Policy total for per	rsonal injury / dama	ge to property and as	sets:	
Insurance total for	r personal injury per	injured person:		
The insurance pro	tection also applies	to using the vehicle in	the restricted area	of Stuttgart Airport.
The following rest	rictions apply to the	insurance protection	stated above:	
	,	•		
·-		orm Flughafen Stuttg		elay if the
(email: ADM@stutt	• •			
Date:	Compa	ny stamp / signature:		

of the insurance company