Driver License Verification for Operating on the AOA of WRWA

NAME: _____ _____ _____
              FIRST   MIDDLE   LAST

EMPLOYER: _____

EMPLOYEE POSITION: _____

DRIVER LICENSE NUMBER: _____

ISSUING STATE: _____ EXPIRATION DATE: _____

I agree to abide by all rules and regulations prescribed for the operations of a vehicle within the air operations area. As of this time, I certify that I hold a current and valid driver's license. If for any reason my license becomes suspended, revoked, or invalid, I will notify Airport Operations at (405) 316-3287 immediately. Failure to notify Airport Operations of an invalid license may result in revocation of the holder's airport security badge.

Sign your name and indicate today's date below:

_____ _____
                        (SIGNATURE)   (DATE)