



**SUBIC BAY METROPOLITAN AUTHORITY**  
**SUBIC BAY INTERNATIONAL AIRPORT**  
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Document Code: AID-MSD-PCU-02  
 Revision Code: 02 Page 1 of 1  
 AMA PASS NO. \_\_\_\_\_  
 Effectivity Date: August 09, 2022

**AIRCRAFT MOVEMENT AREA (AMA) VEHICLE PASS REQUEST FORM**

NAME OF COMPANY:*	Date:*
ADDRESS:*	
PURPOSE:*	TELEPHONE NO.:*

**VEHICLE DETAILS**

MAKE*	MODEL*	BODY TYPE*	PLATE NO.*	COLOR*

*I hereby certify that the above named vehicle(s) will be used for said purpose and that the vehicle operator is authorized and will abide by all rules and regulations as promulgated under the SBIA Memorandum Circular No. 09-001B.*

\_\_\_\_\_  
 Company Representative/ SBIA ACCESS PASS No. \*

**TO BE ACCOMPLISHED BY THE AIRPORT SECURITY ONLY:**

**VEHICLE INSPECTION CHECKLIST**  
 (REQUIREMENTS)

	PASSED	FAILED		PASSED	FAILED	
Head Lights			Tires			Official Receipt (OR) Number:*
Signal lights			Exhaust System			
High Beam			Engine Emission			Certificate of Registration(CR) Number:*
Low Beam			Emergency Brake			
Right			Foot Brake			Flightline Driver's Permit Number & Color Restriction:*
Left			Steering			
Hazard			Horn			Insurance Company / Validity:*
Tail Lights			Windshield Wipers			
Brake Lights			Rearview Mirror(s)			SBMA Decal Number:*
Beacon Lights						

*This is to certify that I have been notified of the above listed defects; advised to have defects corrected before the vehicle pass can be issued. I understand that failure to correct said deficiencies will result in denial of the required pass.*

SIGNATURE (Owner/Driver):	Date:	SIGNATURE (Inspector):	Date:
Signature over printed name *		Signature over printed name *	

**S B I A R O U T I N G**

**A P P R O V A L**

OFFICE	IN	OUT	SIGNATURE
Pass Processing :			
SBIA-AvSec :			
Pass Processing :			
Billing/Finance :			
Pass Processing :			

APPROVED  
 DISAPPROVED

\_\_\_\_\_  
 DATE **ZHARREX R. SANTOS**  
 AIRPORT MANAGER