



SUBIC BAY METROPOLITAN AUTHORITY SUBIC BAY INTERNATIONAL AIRPORT

Bldg. 8015, Argonaut Hiway, Subic Bay Freeport Zone, Philippines 2222
Tel: (047).252.9364/3131 PCU: Loc. 4955 Fax: 047.252.7171
www.sbma.com

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FL PASS NO. _____

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AIRCRAFT MOVEMENT AREA (AMA) DRIVER'S PERMIT REQUEST FORM

DATE ACCOMPLISHED: _____

1.5" X 1.5" (2 pcs.)
Colored background
As stated:
Gov't.
Employees: White
Concessionaires/
Locators: Orange

NAME:*			COMPANY:*		
_____			_____		
SURNAME FIRST NAME MIDDLE NAME			COMPANY ADDRESS:*		
_____			_____		
HOME ADDRESS:*		DATE OF BIRTH:*	GENDER:*		NATIONALITY:*
_____		(DD/MM/YY)	<input type="radio"/> MALE <input type="radio"/> FEMALE		_____
_____		CIVIL STATUS:*		_____	
_____		_____		_____	

YELLOW:	GREEN:	POSITION/DESIGNATION:*	DRIVER'S LICENSE NO.*	EXPIRATION DATE:*	FLIGHTLINE EXAM RATING:*
<input type="checkbox"/> AMA	<input type="checkbox"/> APRON	_____	_____	_____	_____

APPLICANT'S SIGNATURE

EMPLOYER'S SIGNATURE

REQUIREMENTS	S B I A R O U T I N G				APPROVAL
	OFFICE	IN	OUT	SIGNATURE	
<input type="checkbox"/> 1. Filled-up application form w/ 2 pcs. 1.5"x1.5" colored photo	Pass Processing	:			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ DATE ZHARREX R. SANTOS AIRPORT MANAGER
PHOTOCOPY:	Pass Processing	:			
<input type="checkbox"/> 2. SBIA Annual Access Pass	Pass Processing	:			
<input type="checkbox"/> 3. Flight Line Seminar Certificate	Manager's Office	:			
<input type="checkbox"/> 4. LTO Driver's License	Billing/Finance	:			
<input type="checkbox"/> 5. SBMA Driver's License (SBMA only)	Pass Processing	:			