



AIRPORT PERMIT CENTER

P.O. Box 8770, Tamuning, Guam 96931

TELEPHONE: (671) 642-4697/4441 FAX: (671) 642-4693

BUSINESS PERMIT APPLICATION AMENDMENT NO. _____

PERMIT NO:

1. PURPOSE:

This Amendment is issued in compliance with Section M of the GIAA Business Permit Application, Section 1.03 (Commercial Activity), Section 1.05 (Storage of Cargo), and Section 1.06 (Parking and Storage of Aircraft) of A.B. Won Pat International Airport Authority, Guam (GIAA) Rules and Regulations. These Sections stipulate that, unless otherwise provided by a lease or other contractual agreement, permission of the Executive Manager is required for use of GIAA facilities for the above purposes.

Department of Public Health and Social Services (DPHSS) – Guidance Memorandum.

The safety and security of our customers, employees, users and traveling public at the A.B. Won Pat International Airport is our top priority and as we continue to ensure a safe environment, GIAA requires all to adhere to and abide by the most recent DPHSS guidance memorandum for restrictions and allowances for business and government operations. You may visit the DPHSS website at www.dphss.guam.gov.

ALL ARTICLES/SECTIONS IN THE ORIGINAL (FULLY-EXECUTED) BUSINESS PERMIT SHALL REMAIN IN FULL FORCE.

2. PERMIT: (Please type and complete all information)

GIAA hereby grants to the Permittee named below permission to enter upon GIAA and use facilities for purposes as indicated below, all in accordance with the terms and conditions herein set forth:

PERMITTEE NAME:

MAILING ADDRESS:

EMAIL ADDRESSES: (PRIMARY/ALTERNATE):

1.
2.

BUSINESS LOCATION (WITHIN AIRPORT PROPERTY):

CONTACT NUMBERS:

TELEPHONE:
CELL PHONE:
FACSIMILE:

PERSONNEL AUTHORIZED FOR GIAA BADGE(S):

PURPOSE OF BUSINESS:

AIRCRAFT DESCRIPTION (IF APPLICABLE):

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SPACE DESCRIPTION (IF APPLICABLE): PLEASE PROVIDE LOCATION MAP/DRAWING OF AREA.

FEES:

PERMIT TERM:

EFFECTIVE DATE:
EXPIRATION DATE:

**A.B. WON PAT INTERNATIONAL
AIRPORT AUTHORITY, GUAM:**

By: _____
John M. Quinata,
Executive Manager

Date: _____

PERMITTEE:

By: _____
AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Company: _____

Date: _____