



COLUMBUS REGIONAL AIRPORT AUTHORITY  
PORT COLUMBUS • RICKENBACKER • BOLTON

Columbus Regional Airport Authority • EZ Park Program AVI Tag Application Tag #: \_\_\_\_\_  
Internal Use Only

\*Applicant Name: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City/State/Zip: \_\_\_\_\_

\*Employed By: \_\_\_\_\_ \*Work #: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City/State/Zip: \_\_\_\_\_

\*Primary Vehicle Make: \_\_\_\_\_ \*Model/Year: \_\_\_\_\_ \*State & Plate Number: \_\_\_\_\_

\*Color: \_\_\_\_\_ \*Name to Whom The Car Is Registered: \_\_\_\_\_

\*Primary Credit Card Name: \_\_\_\_\_ \*#: \_\_\_\_\_ \*Exp: \_\_\_\_\_

\*Please Check One:  Corporate Acct.  Individual Acct.

\*Secondary Credit Card Name: \_\_\_\_\_ \*#: \_\_\_\_\_ \*Exp: \_\_\_\_\_

\*Please Check One:  Corporate Acct  Individual Acct.

\*E-mail Address: \_\_\_\_\_

I authorize my credit card to be charged for the following:

\$30 AVI Tag Deposit (To be refunded within 30 days of the return of the AVI tag in operating condition) and  
\$30 Parking Deposit (To be refunded within 30 days of the return of the AVI tag in operating condition and when  
all parking activity on my assigned AVI tag number has been paid).

**Note:** The AVI tag is the sole property of the Authority. I agree to report a lost or stolen AVI tag immediately by calling  
(614) 239-3126 and further agree that I am responsible for payment of all parking charges up to the date of written notification  
of cancellation.

I understand and agree to the above terms and conditions.

\*Applicant Signature \_\_\_\_\_ \*Date: \_\_\_\_\_

Please fax this application to (614) 239-3010 or fold and mail in an envelope to: Port Columbus International Airport,  
Attn: Jeremy Gray, 4600 International Gateway, Columbus, OH 43219

**\* All sections must be filled out to process application.**