PROJECT ACCESS REQUEST FORM

JOHN WAYNE AIRPORT
ORANGE COUNTY

PROJECT NAME			
PROJECT LOCATION			
ESTIMATED CONTRACT START DATE		**ESTIMATED CONTRACT END DATE** (Last Day of the Month)	
COUNTY PROJECT MANAGER		**PHONE NUMBER**	

PROJECT DESCRIPTION: _____

_____

DESCRIBE ACCESS REQUIRED *(Please specify if driving is needed)*: _____

_____

PRIMARY CONTRACTOR:

_____	_____	_____
Company Name	Person of Contact	Phone Number

SUBCONTRACTORS:

_____	_____	_____
Company Name	Person of Contact	Phone Number
_____	_____	_____
Company Name	Person of Contact	Phone Number
_____	_____	_____
Company Name	Person of Contact	Phone Number
_____	_____	_____
Company Name	Person of Contact	Phone Number

JWA's Insurance Manager or designee confirms the primary contractor's compliance with the County's insurance provisions for coverage and endorsements. JWA does not verify the insurance coverage and endorsements for subcontractors as delineated under the Insurance Requirements of the contract.

COUNTY PROJECT MANAGER SIGNATURE: _____ **DATE:** _____

APPROVALS

INSURANCE MANAGER: _____ **DATE:** _____
Signature

OCPW FACILITY MAINTENANCE MANAGEMENT: _____ **DATE:** _____
Signature

DEPUTY AIRPORT DIRECTOR, OPERATIONS: _____ **DATE:** _____
Signature

RECEIVED IN ID/ACCESS CONTROL OFFICE BY: _____ **DATE:** _____
Signature