

**ATTACHMENT 6: SWFPAC VEHICLE PASS REQUEST
FOR OFFICIAL USE ONLY**

From: _____
Command/Activity

Point of Contact: _____
Name/Phone Number/Other Contact Information (if necessary)

Vehicle Pass Type:

- ☐ ALPHA GATE
☐ WATERFRONT RESTRICTED AREA (WRA)
☐ MAIN LIMITED AREA (MLA)

Company/Activity Name: (must match registration)	
Vehicle Make/Model/Year:	
License Plate Number and State Issued:	
Company/Activity Name: (must match registration)	
Vehicle Make/Model/Year:	
License Plate Number and State Issued:	
Company/Activity Name: (must match registration)	
Vehicle Make/Model/Year:	
License Plate Number and State Issued:	

Dates
Start: _____ End: _____

Purpose: Contract # _____

Signature of Requestor:

Steven E. Chavez

- ___ Vehicle must be owned or leased by the requesting company
___ A copy of the current vehicle registration / insurance card must be provided with the request
___ A copy of the lease (as applicable) must be provided
___ Dash cams are not authorized.