

ROOM ACCESS REQUEST

PERMIT # _____

TO BE FILLED OUT BY CONTRACTOR	
Date: _____	Start Time: _____ am / pm
End Time: _____ am / pm	
FACILITY: TULSA AIRPORT	
TYPE OF ROOM REQUESTED	FLOOR/AREA WHERE THE ROOM IS LOCATED
<input type="checkbox"/> Mechanical Room <input type="checkbox"/> Electrical Room <input type="checkbox"/> Server Room <input type="checkbox"/> Telephone Room <input type="checkbox"/> Air Handler Room <input type="checkbox"/> Other _____	<input type="checkbox"/> Concourse A Upper <input type="checkbox"/> Concourse B Upper <input type="checkbox"/> Concourse A Lower <input type="checkbox"/> Concourse B Lower <input type="checkbox"/> Concourse Connector Upper <input type="checkbox"/> Concourse Connector Lower <input type="checkbox"/> Baggage Area <input type="checkbox"/> Office Areas Upper <input type="checkbox"/> Airline Gates Lower
BUILDING \ ROOM NUMBERS	
SCOPE (please include a detailed description work to be completed and why the project is needed):	
Tenant: _____	General Contractor: _____ Sub Contractor: _____

TO BE FILLED OUT BY BUILDING OWNER	
Project Engineer: _____	
LIST DEPARTMENT NAMES FOR CONTACT PUPOSES department names for contact purposes)	
PROJECT CONTACT NAMES AND TELEPHONE NUMBERS	
ENGINEER:	
General Contractor:	
Sub-Contractor:	
OPERATIONS:	

AIRPORT DIVISIONS

Electrical:	Approve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	signature _____
Information Tech:	Approve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	signature _____
Electronic Tech:	Approve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	signature _____
Building Maintenance	Approve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	signature _____
Airfield Maintenance:	Approve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	signature _____
Operations:	Approve	<input type="checkbox"/> YES	<input type="checkbox"/> NO	signature _____