



**COLUMBUS**  
REGIONAL AIRPORT AUTHORITY

4600 International Gateway  
Columbus, Ohio 43219

**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: \_\_\_\_\_

\*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: \_\_\_\_\_

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

\*Expiration Date: \_\_\_\_\_

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

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

\*Expiration Date: \_\_\_\_\_

\*Please Check One:  Corporate Acct  Individual Acct.

**\*All sections must be completed to process application.**

Please fax this application to (614) 239-2214 or fold and mail in an envelope to: Port Columbus International Airport, Attn: Jennifer Scott, 4600 International Gateway, Columbus, OH 43219