



MINNEAPOLIS-ST. PAUL INTERNATIONAL AIRPORT DRIVER'S LICENSE REQUEST FORM

SECTION 1 - This Section to be Completed by Driver (All information should be typed or printed)

The Metropolitan Airports Commission ("MAC") is collecting the information on this request form to determine your ability to obtain an MSP Driver's License. You are not legally required to supply the information. By supplying the information, you may be able to receive a MSP Driver's License. If you do not provide the requested information, your eligibility may not be determined and you would be denied a MSP Driver's License. The information will be shared with the MN Bureau of Criminal Apprehension, MN Department of Public Safety - Driver and Motor Vehicle Services, the Federal Aviation Administration, the Airport Police Department and any other agencies necessary to validate the information. By completing this form, I consent that MAC officials may check and verify the accuracy of information on file for my MSP Identification Badge.

Last Name		First Name		Middle Initial
State Drivers License Number		State	MSP Security Badge Number	MSP Security Badge Expiration Date (mm/dd/yyyy)
MSP Drivers License Number	Expiration Date (mm/dd/yyyy)	Company		Department
Street 1		Street 2		
City		State	Zip Code	
Phone Number	Extension	Fax Number	E-Mail Address	

Check this box if you've been issued an MSP Driver's License with a different employer Previous Employer _____

Signature - I certify that all information provided is current and accurate	Date (mm/dd/yyyy)
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SECTION 2 - This Section to be Completed by Employer (All information should be typed or printed)

License Classification Requested - check only one box. See supplemental instructions for an explanation of license types

Runway Taxiway Tow Pushback Ramp/Road Limited Tow - Military
 Limited Tow - Lindbergh Limited Tow - Humphrey Limited Tow - Infield Cargo Limited Taxiway - Military

Reason for License
 New Lost/Replacement Renewal Information Change License Classification Change

Company				
Street 1		Street 2		
City		State	Zip Code	
Phone Number	Extension	Fax Number	E-Mail Address	
Supervisor Last Name		First Name		Middle Initial
Supervisor Signature			Date (mm/dd/yyyy)	

SECTION 3 - This Section to be Completed by M.A.C. (All information should be typed or printed)

Written Test Pass Date _____ State Driver' License Check
 Valid Invalid Out of State Completed by _____ Date _____

Practical Exam Required Practical Test Completed by _____ Date _____

Request: **APPROVED** **DENIED** Reason _____

License Classification Issued
 Runway Taxiway Tow Pushback Ramp/Road Limited Tow - Military
 Limited Tow - Lindbergh Limited Tow - Humphrey Limited Tow - Infield Cargo Limited Taxiway - Military

MSP License Issue Date (mm/dd/yyyy)	MSP License Number Issued	MSP License Expiration Date (mm/dd/yyyy)	Issued By
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