



CASP Gate Card Replacement Application

For Lost, Stolen or Damaged Cards

(Fields marked with *** are required)

1. Applicant Information ***

- **Name:** _____
- **Email Address:** _____
- **Phone Number:** _____

2. Reason for Replacement ***

(Check all that apply)

- Lost
- Stolen
- Damaged

3. Affiliation ***

(Check your affiliation)

- Aircraft Owner
- Hangar Owner/Lessee
- Authorized Pilot (Specify Company): _____
- Licensed Commercial Operator or Flight Department
- Service Operator (Specify): _____
- Government Agency (Specify): _____
- Other (Specify): _____

4. Replacement Card Needed ***

(If one card is lost, provide its 5-digit number. Check "Both" if both are needed.)

- 1 Card → Current Card In Possession: _____
- Both

5. Acknowledgment ***

- I confirm that the card(s) reported lost, stolen or damaged will no longer be in use and should be deactivated.
- I confirm that all fields are filled out and filled out accurately. I understand my application will **NOT** be processed if any required fields are incomplete or inaccurate.
- I understand that a \$25 replacement fee applies per card.

Signature: _____

Date: _____