

HARRY REID

INTERNATIONAL

LAS VEGAS

SIDA VEHICLE DECAL PROGRAM

CCFD-ARFF PRIVATE VEHICLE DECAL APPLICATION

MARK ONE: (☐ 1ST VEHICLE / ☐ 2ND VEHICLE)

DATE OF APPLICATION: _____

EMPLOYEE CONTACT INFORMATION

NAME (FIRST, LAST): _____

BADGE NUMBER: _____

ADDRESS: _____
STREET CITY STATE ZIP

PREFERRED TELEPHONE NUMBER: _____

PREFERRED EMAIL ADDRESS: _____

VEHICLE IDENTIFICATION INFORMATION

YEAR OF VEHICLE: _____

MAKE OF VEHICLE NUMBER: _____

MODEL OF VEHICLE: _____

VEHICLE IDENTIFICATION NUMBER (VIN): _____

LICENSE PLATE NUMBER: _____

STATE OF REGISTRATION: _____

EMPLOYEE SIGNATURE

PRINTED NAME: _____ SIGNATURE: _____

Email completed Application and supporting documents to: SIDAd decals@LASairport.com

SIDA VEHICLE DECAL OFFICE USE ONLY BELOW THIS LINE

SIDA DECAL # ISSUED: _____ DATE ISSUED: _____ ISSUED BY: _____

CURRENT REGISTRATION / OWNERSHIP: _____
VERIFICATIONS: ☐ EXPIRATION DATE: _____

APPROVED CURRENT PROOF OF INSURANCE: _____
☐ _____