

# APPLICATION FOR HANGAR

MERCED REGIONAL AIRPORT  
20 Macready Drive, Merced, CA 95340  
(209) 385-6873 Fax (209) 388-9885

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY ZIP

HOME PHONE # \_\_\_\_\_ OTHER # \_\_\_\_\_

AIRCRAFT MAKE/MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAIL NO: \_\_\_\_\_ (Aircraft registration and insurance required upon occupancy.)

## HANGAR WAITING LIST PREFERENCE:

(Each preference below is a separate list and a deposit is required for each.)

\_\_\_\_\_ TIE-DOWN \_\_\_\_\_ T-HANGAR \_\_\_\_\_ EXECUTIVE T-HANGAR

\_\_\_\_\_ BUILDING 21 \_\_\_\_\_ BUILDING 22 OR 23

ARE YOU A CURRENT TENANT AT THE MERCED AIRPORT? \_\_\_\_\_

IF YES, DO YOU WANT ANOTHER HANGAR OR TO RELOCATE FROM CURRENT

HANGAR? \_\_\_\_\_

**I, THE UNDERSIGNED, HAVE RECEIVED A COPY OF THE HANGAR WAITING LIST POLICY AND I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ADVISE THE AIRPORT OFFICE STAFF OF ANY CHANGE TO MAILING ADDRESS OR CONTACT NUMBERS. (209) 385-6873**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AIRPORT STAFF SIGNATURE

\_\_\_\_\_  
DATE

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### -OFFICE USE ONLY-

PROVIDED A COMPLETED AND SIGNED COPY OF THIS APPLICATION TO APPLICANT - BY: \_\_\_\_\_

DATE APPLICATION AND DEPOSIT ACCEPTED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE ADDED TO HANGAR WAITING LIST: \_\_\_\_\_ BY: \_\_\_\_\_

DATE OF OFFER FOR A HANGAR: \_\_\_\_\_ ACCEPTED OR DENIED

DATE OF OFFER FOR A HANGAR: \_\_\_\_\_ ACCEPTED OR DENIED

DATE APPLICANT REMOVED FROM LIST: \_\_\_\_\_ REASON: \_\_\_\_\_