



APPLICATION FOR PORTER CREW BASE PARKING

FOR OFFICE USE ONLY

ACCOUNTS RECEIVABLE USE

CUST ID: _____

Parking Rate: \$30.00/Month

Pass No: _____

Issuing Authority Signature: _____

Date Issued: _____

TO BE FILLED OUT BY EMPLOYER

1. Please complete this section after the employee has completed the lower section & signed.
2. Please allow a 3-4 day processing time for all parking passes.
3. You will be notified via phone call or email when your pass is ready to be picked up.
4. If employee is using parking lot & is ticketed, the ticket will be valid if after 7 days of the submitted application that requires information

Employer: PORTER

Position: _____

Average hrs/week: _____

Overnight Shifts? YES / NO

Name of Manager: _____

Office Phone Number: _____

Manager Signature: _____

TO BE FILLED OUT BY EMPLOYEE

Last Name: _____

Address: _____

First Name: _____

Email: _____

Phone Number: _____

License Plate Number(s):

METHOD OF PAYMENTS



Register for auto-pay

Please contact AccountsReceivable@flyqt.ca or by calling (807)-473-2610



Online Payment Portal

Please visit <https://yqtairport.siraza.net/payment> to process your payments today.



Etransfer

Please send payments to YQTPayments@flyqt.ca

**Reference your customer number to ensure the payments are properly applied to your account*

TBIAAI TERMS OF USE

1. TBIAAI IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLES USING THIS PARKING LOT
2. PARKING IS ONLY PERMITTED FOR ON-DUTY HOURS ONLY
3. EMPLOYEES MUST ENTER AND PARK IN SPECIFIED AREA ONLY. SEE SCHEDULE 1 OUTLINED BELOW
4. ONLY ONE PARKING PASS PERMITTED PER EMPLOYEE
5. IT IS THE EMPLOYERS RESPONSIBILITY TO NOTIFY TBIAAI OF ANY CHANGES OR CANCELLATIONS, PRIOR TO THE 25TH OF EACH MONTH. CREDITS WILL NOT BE ISSUED IF NOTICE IS GIVEN AFTER THE 25TH.
6. PARKING PASS MUST BE RETURNED TO TBIAAI OFFICE UPON CANCELLATION. INVOICING WILL CONTINUE IF PASS IS UNRETURNED.
7. RESULT OF LOSS PASS WILL RESULT IN A \$30 ADMINISTRATION FEE TO THE EMPLOYER.

VERIFY THAT: I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS. I CONFIRM THE PROVIDED INFORMATION IS ACCURATE.

SIGNATURE: _____

SCHEDULE 1

