



## CHANGE REQUEST (TRAC-R) FORM

A completed form should be e-mailed to [AviationCapitalPrograms@talgov.com](mailto:AviationCapitalPrograms@talgov.com)  
 Questions can be directed to Heather Whitaker at [Heather.Whitaker@talgov.com](mailto:Heather.Whitaker@talgov.com)

|   |  |   |                |
|---|--|---|----------------|
| <b>Tenant/Business Name:</b>  |  |   |                |
| <b>Manager/ Contact:</b>  |  |   |                |
| <b>Project Location:</b>  |  |   |                |
| <b>Project Funded by:</b>   |  |   |                |
| <b>Date Submitted:</b>  |  | <b>Phone:</b>                                     | <b>E-mail:</b> |
| <b>Will work/project be completed by tenant staff?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please include the following)   |  |   |                |
| <b>Contractor/Vendor:</b> _____   |  |   |                |
| <b>Phone (    )</b> _____ <b>-</b> _____ <b>Fax (    )</b> _____ <b>-</b> _____   |  |   |                |
| <b>Description of work to be performed: (Use additional pages as necessary to include drawings, plans, specifications, photos or other pertinent information which fully describes the work to be done.)</b><br><br><div style="height: 150px;"></div>  |  |   |                |
| <b>All modifications are subject to compliance with Tallahassee International Airport Rules and Regulations (Section 3.2 Building Construction) and the Minimum Standards regarding insurance (Section 2.4). No changes to a tenant's facility or location may be made without the express permission and approval of the Director of Aviation.</b> |  |   |                |
| <b>FOR AIRPORT USE ONLY</b>   |  |   |                |
| Date Request received: ____/____/____   |  | TRAC-R # _____                                    |                |
| Reviewed by:  |  |   |                |
| <input type="checkbox"/> Capital Programs   | <input type="checkbox"/> Facilities Management             | <input type="checkbox"/> Finance & Administration |                |
| <input type="checkbox"/> Airport Operations   | <input type="checkbox"/> Properties & Business Development |   |                |
| <b>FINAL DETERMINATION FOR REQUEST:</b>   |  |   |                |
| _____ Approved as Requested   | _____ Approved as Noted                                    | _____ Not Approved                                |                |
| Approved by:  |  |   |                |
| Deputy Director of Aviation   | Initials _____   | Comments _____                                    |                |
| Director of Aviation  | Initials _____   | Comments _____                                    |                |
| Date Final Determination Issued: ____/____/____   |  |   |                |