

APPLICATION FOR SKY HARBOR INTERNATIONAL AIRPORT COMPANY SECURITY BADGE

NOTICE: ALL APPLICANTS ARE SUBJECT TO FINGERPRINTING AND A CRIMINAL HISTORY RECORDS CHECK. YOUR SIGNATURE ON THIS FORM GIVES SKY HARBOR INTERNATIONAL AIRPORT THE AUTHORITY TO PROCEED WITH THE CRIMINAL HISTORY RECORDS CHECK.

SSN: _____ - _____ - _____ Name: _____

Last First Middle Initial

Home Address: _____
(Street) (City) (State) (Zip)

Mailing Address if different than above: _____

Home Phone No.: _____ - _____ - _____ Birthdate: ____/____/____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

APPLICANT'S SIGNATURE: _____ Date: _____

TO BE COMPLETED BY AUTHORIZED SIGNER ON CORPORATE APPLICATION

Why is Badge Required? _____

Company or Tenant Name: _____

Business Phone No.: _____ - _____ - _____ **Job Title of Applicant:** _____

We understand and agree that the unescorted access authority granted by Sky Harbor International Airport in the form of a badge in the name of the above individual is the property of Sky Harbor International Airport. We agree that upon termination or at the request of Airport Operations, this badge will be immediately returned. Failure to comply could result in revocation of our company's privilege to have unescorted access. We further agree that our company will reimburse the City of Phoenix Aviation Department for any fines levied against it as a result of violations committed by our company, its employees or representatives.

Authorized Signature: _____ **Print Last Name:** _____ **Date:** _____

AIRCRAFT OPERATOR CERTIFICATION

We also certify that the above applicant has met the requirements outlined in 49 CFR 1544.299

Authorized Signature: _____ **Print Name:** _____ **Date:** _____

AVIATION DEPT. OFFICE USE ONLY

COMPANY NO.: _____ BADGE TYPE _____ ACCESS LEVELS: _____

SECURITY BADGE NO.: _____ ENCODED NO.: _____ EXPIRATION DATE: ____/____/____

POSITIVE ID NO.: _____ TYPES OF ID: (1) _____

ADP: _____ FHP _____ (2) _____

TYPE OF ISSUE: INITIAL _____ RENEWAL _____ REPLACEMENT _____ (*)

*(REASON _____ REPLACING BADGE NO. _____)

DATE ISSUED: ____/____/____ AMOUNT PAID: \$ _____ SALES TICKET NO.: _____

DATE CANCELLED: ____/____/____ BY: _____ REASON: _____

BADGE RETURNED? (Y/N) _____ AMOUNT REFUNDED: \$ _____ SALES TICKET NO.: _____

DATE ENTERED IN AOS: ____/____/____ BY: _____ DATE DELETED FROM AOS: ____/____/____ BY: _____

DATE ENTERED IN SIMPLEX: ____/____/____ BY: _____ DATE DELETED FROM SIMPLEX: ____/____/____ BY: _____

BADGE PICKED UP BY: _____ DATE: ____/____/____

AVIATION SECURITY OPS APPROVAL: _____ DATE: ____/____/____

C.H.R.C. Certification