

APPLICATION FOR SKY HARBOR INTERNATIONAL AIRPORT GT SECURITY BADGE

Badging Office Use Only: _____

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.

Name: _____ SSN: _____
Last First Middle

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

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

Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____' / _____" Weight: _____

APPLICANT'S SIGNATURE: _____ Date: _____

TO BE COMPLETED BY AUTHORIZED SIGNER ON CORPORATE APPLICATION

Why is Badge Required? _____ Ground Transportation Operator

Company Name: _____

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

We understand and agree that the 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 and is valid for identification and access to public areas. This badge does not grant access to any Secure are or SIDA. 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 receive badges. 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.

IMPORTANT: TOP SECTION MUST BE COMPLETED BEFORE YOU SIGN

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

GROUND TRANSPORTATION AVIATION DEPT. OFFICE USE ONLY

COMPANY NO: _____ SECURITY BADGE TYPE: _____

ACCESS LEVELS: _____

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

POSITIVE ID NO.: _____ TYPES OF ID: (1) _____ (2) _____

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

*(REASON _____ REPLACING CARD NO. _____)

ENTERED IN HONEYWELL: ____/____/____ BY: _____

DATE FINGERPRINTED: ____/____/____ BY: _____ AMT PAID: \$ _____ SALES TICKET NO.: _____

DATE BADGE ISSUED: ____/____/____ BY: _____

I acknowledge that this badge is the property of the City of Phoenix and that it must be surrendered upon request.

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

CHRC CASE # _____ CHRC RESULTS RECEIVED: _____ BATCH # _____ STA CERTIFICATION