

Pensacola Gulf Coast Regional Airport Authorization to Badge

AIRPORT PERSONNEL				
Person completing this form:				
COMPANY INFORMATION				
Company Name:				
Requesting Authorization to Badge on behalf of our Subcontractor: <i>If requesting authorization on behalf of a subcontractor please provide that Company information below.</i>				
Company Address:				
Company Telephone Number:			Fax Number:	
Company Email Address:				
Company Website:				
Work to be completed and in what location:				
Authorized Signer Primary:				
Mobile Phone Number:			Email Address:	
Authorized Signer Alternate:				
Mobile Phone Number:			Email Address:	
CHECKLIST				
Date Contract or Lease starts:		Date Contract or Lease ends:		
Is the Company going to be perpetually badged? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date that the badging process is to begin:				
<i>Authorized Signers should begin the process a minimum of two weeks before employees begin the process.</i>				
Date that the Company will be required to have all badges and keys turned into the ABO:				
Number of individuals to be badged:				
Will the company need Airport issued keys? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will the company need to operate a vehicle inside of the Airport's perimeter fence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will the company need to operate a vehicle on any runways or taxiways? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> The Pre-Construction Meeting is scheduled on (date)				
<input type="checkbox"/> The Pre-Construction Meeting has not been scheduled yet.				
<input type="checkbox"/> Although the badging process can begin now, badges cannot be given to an individual until the Pre-Construction Meeting is complete.				
<input type="checkbox"/> A Pre-Construction Meeting is not applicable.				
When form is completed, please email to Annmarie Greer at agreer@ci.pensacola.fl.us .				
OPERATIONS USE ONLY				
Authorization to Badge: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved				
Training Required: <input type="checkbox"/> SIDA <input type="checkbox"/> NMA <input type="checkbox"/> MA <input type="checkbox"/> AOA / Sterile Brief				
Access Level: <input type="checkbox"/> Secured <input type="checkbox"/> SIDA <input type="checkbox"/> Sterile <input type="checkbox"/> AOA <input type="checkbox"/> Public				
Operations Signature:				Date: