

STERILE

PENSACOLA GULF COAST REGIONAL AIRPORT IDENTIFICATION BADGE REQUEST FORM

BADGE #

EXPIRATION DATE

LAST _____ FIRST _____ MIDDLE _____

MY ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

MOBILE PHONE _____ EMAIL _____

EMPLOYER _____

SSN _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

I _____ acknowledge that the Sterile Area access badge that has been issued to me is the property of the Pensacola Gulf Coast Regional Airport. I will return it to my supervisor when my employment at the Pensacola Gulf Coast Regional Airport has been terminated. I am also required to report it to my supervisor when the access badge is lost, misplaced or stolen. I am aware that a \$100.00 LOST FEE will be levied for lost, misplaced or stolen badges. In addition, a \$10.00 REPLACEMENT FEE will be levied before a replacement badge will be issued. The information I have provided is true, complete and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code.)

APPLICANT SIGNATURE

DATE

I _____ request that the named employee/applicant be issued a Pensacola Gulf Coast Regional Airport photo identification Sterile Area Access Badge. Before the application can be processed, a fingerprint-based Criminal History Records Check (CHRC) must successfully be completed to the extent necessary to verify representations made by the employee/applicant. I, the Authorized Signer, am aware that a \$100.00 LOST FEE will be levied for lost, misplaced or stolen badges. In addition, a \$10.00 REPLACEMENT FEE will be levied before a replacement badge will be issued.

AUTHORIZED SIGNER

DATE

***** FOR AIRPORT ADMINISTRATION OFFICE USE ONLY *****

BADGE COLOR WHITE ACCESS AREA _____

SECURITY BRIEF _____ BADGE ISSUE DATE _____

1ST GOVT ISSUED PICTURE ID# _____ AGENCY _____ EXP _____

2ND ID _____ AGENCY _____ EXP _____

DL VALIDATION _____ RECEIPT # _____