

RESTRICTED AREA ACCESS REQUEST

All authorized signatories must be on record with the Airport Badging Office.

TENANT/SPONSOR OF BADGE: _____

I am requesting access as indicated below for the following employee(s) or tenant. I do hereby verify that the employee(s) or tenant(s) listed below have an operational need to have access to the doors/clearance as indicated below.

AUTHORIZED SIGNATORIES SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATORIES PRINTED NAME: _____ AS BADGE # _____

TYPE OF ACCESS BEING REQUESTED: CARD READER CYBERKEY

BADGE HOLDER NAME	BADGE #	TENANT NAME	ACCESS REQUESTED (Group Clearance or individual door)

Justification for Access: _____

TENANT RESPONSIBLE FOR RESTRICTED AREAS BEING REQUESTED (if applicable):

Name of Tenant: _____

I do hereby permit the employee(s) or tenant(s) listed below to have access to the doors/clearance as indicated. They are hereby authorized to enter the work area or office spaces occupied by my company.

AUTHORIZED SIGNATORIES SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATORIES PRINTED NAME: _____ AS BADGE # _____

BADGING OFFICE USE ONLY

Request: APPROVED DENIED Data entry completed on: _____
(Date and Initials)

Approved By: _____