<u>Mineta San Jose In'l Airport – Badging Office</u> CONTRACTOR BADGE EXTENSION AUTHORIZATION FORM

PART 1: TO BE COMPLETED BY APPLICANT	
Employee Badge Number:	
Period of Extension Being Requested: 6 mo	1 yr
Last Name:	First Name: MI:
Employer/Sponsor – Division:	
Contractor/Vendor Company:	
PART 2: TO BE COMPLETED BY CONTRACTOR/VENDOR	
Contractor/Vendor certifying for the above employee – As an Authorized Representative I certify that the above named appli responsibility for retrieving the ID Badge at the time of project completion SUSPEND the employees badge at termination or should he/she disclose return the badge PROMPTLY to the San José Badging Office.	n or the employees' ter <mark>min</mark> ation. Additionally, I will
Contractor/Vendor (Please Sign): Please Print Name of Contractor/Vendor: Contractor/Vendor Phone Number:	Date:
PART 3: TO BE COMPLETED BY AUTHORIZED SIGNATORY	
Airport Sponsor/Tenant certifying for the above Contractor/Vendor – As an Authorized Signatory on file with the San José International Airport, I certify that the above named contractor/vendor has a need for the above requested extension. I accept responsibility for ensuring that the above contractor/vendor complies with the above stated requirements. Additionally, I will recover all outstanding badges from the contractor/vendor upon the termination of their contract.	
Author <mark>ize</mark> d Signatory (Please Sign): Please Print Name of Auth Signatory: Authorized Signatory Phone Number:	Date:
PROJECT INFORMATION	DN (If applicable)
Project Name	Notice of Work #
Project Start and Ending Dates:	
Start Date:	End Date:
Month/Year	Month/Year
<u>Please Note</u> : No extensions will be given for the initial badge. E and maximum extension is up to 2 yrs from their most recent to	

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