

Cherry Capital Airport Badge Application Record

Badge Type/#: _____ Returned: _____
 Application: _____ Termination: _____
 Issue: _____ Shred: _____
 STA Status: _____



First	Middle	Last Name	(Maiden Name)
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Current Address: _____

Street	City	State	Zip
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All other residential addresses for the previous 5 years if different from current:

Previous Address: _____

Street	City	State	Zip
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Previous Address: _____

Street	City	State	Zip
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Phone #: _____ Date of Birth: _____ E-Mail Address: _____

Social Security Number: _____ Driver's License #: _____

Country of Birth: _____ State of Birth: _____ U.S. Citizen: YES or NO

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Gender: _____

I hereby verify all information on this page is accurate. I understand providing false information may preclude me from receiving an Airport ID Badge. I acknowledge my security responsibilities under 49 CFR 1540.105(a)

"SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area."

Applicant Signature

If badge applicant is under the age of 18, a signature of the parent/legal guardian is also required.

By signing below, I acknowledge I am the parent or legal guardian of the minor badge applicant above, and I have read and accept all terms mentioned above. Further, I confirm that all information and representations provided by applicant above are accurate.

 Printed Name of Parent/Legal Guardian

 Parent/Legal Guardian Signature

 Date

 Relationship to Applicant