



SIKORSKY MEMORIAL AIRPORT

APPLICATION FOR AIRPORT ACCESS BADGE

General Aviation and FBO Airport Operations Areas

| | | | |
|--|------------------------|---|---|
| FULL LEGAL NAME: | FIRST: | MIDDLE: | LAST: |
| AIRPORT TENANT/SPONSOR NAME: | | JOB POSITION, TITLE OR FUNCTION WITH SPONSOR: | |
| DO YOU HAVE, OR HAVE YOU HAD, A SIKORSKY AIRPORT ACCESS BADGE? YES or NO | | IF YES, PREVIOUS AIRPORT SPONSOR: | HOME PHONE: |
| HOME ADDRESS: | | CELL PHONE: | |
| PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT CURRENT: | | EMAIL: | |
| PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT CURRENT: | | EMERGENCY CONTACT: NAME: PHONE: | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES or NO: | IF YES, EXPLAIN: | | Are you requesting Drivers Training (Movement Areas/Safety Area Access)? YES NO Date Trained: |
| DO YOU HAVE FELONY CHARGES PENDING AGAINST YOU? YES or NO: | IF YES, EXPLAIN: | | |
| FOR PERSONS SEEKING VEHICLE ACCESS OR PARKING PRIVILEGES: | | | |
| DRIVERS LICENSE NUMBER: | STATE: | CLASS: | EXPIRATION DATE: RESTRICTIONS: |
| IS YOUR DRIVERS LICENSE SUSPENDED OR SCHEDULED FOR SUSPENSION? YES or NO: | IF YES, EXPLAIN: | | |
| FOR AIRCRAFT OWNERS/PILOTS: | | | |
| AIRCRAFT PARKING LOCATION: | SPACE NUMBER: | TAIL NUMBER: | |
| AIRCRAFT MANUFACTURER: | MODEL NAME: | MODEL NUMBER: | |
| I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFYING INFORMATION IS A VIOLATION OF STATE AND FEDERAL LAWS AND REGULATIONS AND IS GROUNDS FOR REVOCATION OF AIRPORT ACCESS PRIVILEGES AND POSSIBLE PROSECUTION. I FURTHER AGREE TO ABIDE BY ALL AIRPORT AND FAA RULES AND REGULATIONS. I AGREE TO RETURN MY AIRPORT ACCESS BADGE UPON TERMINATION OR CHANGE OF POSITION WITH MY EMPLOYER OR SPONSOR. INITIALS: _____ | | | |
| I ACKNOWLEDGE THAT I HAVE RECEIVED AIRPORT ACCESS BADGE HOLDER RESPONSIBILITIES TRAINING AND AIRPORT OPERATIONS AREA TRAINING PROVIDED BY THE AIRPORT OPERATIONS DEPARTMENT. INITIALS: _____ TRAINER INITIALS: _____ | | | |
| APPLICANT SIGNATURE: | | | BADGE NUMBER: |
| DATE: | | | |
| SPONSOR AUTHORIZATION (EXCEPT CITY TIEDOWN OR T-HANGAR TENANTS): | | | |
| AS A TENANT IN GOOD STANDING WITH SIKORSKY MEMORIAL AIRPORT, I HEREBY REQUEST ACCESS FOR THE ABOVE NAMED INDIVIDUAL FOR AREAS UNDER MY AUTHORIZATION OR CONTROL. I UNDERSTAND THAT I AM RESPONSIBLE FOR THIS INDIVIDUAL AND, UPON TERMINATION OF THE RELATIONSHIP, WILL NOTIFY THE AIRPORT OPERATIONS DEPARTMENT AND RETURN THE ACCESS BADGE ISSUED AT MY REQUEST. | | | |
| ORGANIZATION: | AUTHORIZED INDIVIDUAL: | SIGNATURE: | DATE: |