

SALT LAKE CITY DEPARTMENT OF AIRPORTS

ADDITIONAL COMPANY ACCESS REQUEST



Badge #

Person ID #

SECTION 1 APPLICANT INFORMATION	Present this application along with one (1) form of identification. Type or print legibly using black or blue ink.
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Last Name	First Name	Middle Initial
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SECTION 2 REQUESTING COMPANY	This section MUST be filled out completely by the authorized signer requesting the addition of company access to an existing badge. Type or print legibly in black or blue ink or application will be rejected.
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Employer	Department
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Sponsoring Company

ADDITIONAL DESIGNATIONS (if applicable): Authorized Signer Driving Escort Authority Gate Guard

AUTHORIZING SIGNER CERTIFICATION

I understand and agree that by sponsoring this individual, my company is responsible for applicable fines and fees, including without limitation fines assessed for security violations, incurred while performing duties under our sponsorship. I further understand and agree that if my company desires to challenge its obligations to pay any fees or fines related to this sponsorship, it is the obligation and burden of my company to prove that such fees or fines were not incurred while the individual was performing duties under my company's sponsorship. My company agrees it will timely pay applicable non-returned badge fees, should our sponsorship of the badge holder extend beyond that of the company named below, and in the event both sponsorships are terminated at the same time, I agree my company is jointly and severally liable for such fees.

AUTHORIZING SIGNER NAME (Print):		
AUTHORIZING SIGNER SIGNATURE:		
Phone Number: ()	Date: VALID FOR 30 DAYS AFTER SIGNED AND DATED	Signature Checked By

DO NOT SIGN UNTIL APPLICATION IS COMPLETED

SECTION 3 CURRENT SPONSOR COMPANY	This section MUST be filled out completely by an authorized signer from the current sponsoring company. Type or print legibly in black or blue ink or application will be rejected.
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Employer	Department
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Sponsoring Company

AUTHORIZING SIGNER CERTIFICATION

The badge holder is granted my permission to have access added to his or her badge in order to perform work for the above-named company. I agree that my company continues to be responsible for applicable fines and fees, including without limitation fines assessed for security violations, incurred while performing duties under our sponsorship. I further understand and agree that if my company desires to challenge its obligations to pay any fees or fines related to this sponsorship, it is the obligation and burden of my company to prove that such fees or fines were not incurred while the individual was performing duties under my company's sponsorship. Further, I agree that my company will timely pay applicable non-returned badge fees, should our sponsorship of the badge holder extend beyond that of the company named above, and in the event both sponsorships are terminated at the same time, I agree my company is jointly and severally liable for such fees.

AUTHORIZING SIGNER NAME (Print):		
AUTHORIZING SIGNER SIGNATURE:		
Phone Number: ()	Date: VALID FOR 30 DAYS AFTER SIGNED AND DATED	Signature Checked By

DO NOT SIGN UNTIL APPLICATION IS COMPLETED

IDENTIFICATION BADGE RECEIVED BY	This section must be completed at time of badge issuance.
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Applicant's Signature X _____	Date _____
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SECTION 4 ACCESS CONTROL USE ONLY
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Warrants: Cleared Referred (Verified By: _____) **DL Verification:** Valid Suspended (Verified By: _____)

Card Number	Training Date	Expiration Date	Issued By / Date
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