

**BADGE RENEWAL APPLICATION FORM**  
**KALAMAZOO I BATTLE CREEK INTERNATIONAL AIRPORT**

FOR ACTIVE BADGE HOLDERS ONLY

APPLICATION PAPERWORK MUST BE SUBMITTED BY THE APPLICANT IN PERSON, ALONG WITH ORIGINAL FORMS OF IDENTIFICATION AS DESCRIBED HEREIN. COMPLETED FORMS MAY BE SUBMITTED TO THE BADGING OFFICE. PLEASE ENSURE THAT ALL REQUESTED INFORMATION IS COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

**APPLICANT INFORMATION SECTION**

**NAME**

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

**FORMER NAME/ALIAS**

FULL LAST NAME

FULL FIRST NAME

FULL MIDDLE NAME

**CURRENT RESIDENCE**

STREET

CITY

STATE

ZIP

**CONTACT INFORMATION**

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Preferred Home / Mobile

EMAIL \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_

**PERSONAL INFORMATION**

D.O.B. / / SEX \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of Birth

State/Province

County

Citizenship

Country

"I AGREE TO COMPLY WITH ALL SECURITY RULES AND REGULATIONS. I ALSO UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN REVOCATION OF MY ID BADGE AND UNESCORTED ACCESS PRIVILEGES."

"I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS PROVIDED IN GOOD FAITH. I UNDERSTAND THAT 49 CFR 1540.103(A) PROHIBITS ANY PERSON FROM MAKING A FRAUDULENT OR INTENTIONALLY FALSE STATEMENT IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION MEDIUM. I ALSO UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH." (SECTION 1001 OF TITLE 18, U.S.C.) I ALSO ACKNOWLEDGE MY SECURITY RESPONSIBILITIES OUTLINED IN 49CFR 1540.105(a)

Original Applicant Signature (No Faxes or Copies)

Date

**AUTHORIZED SIGNATORY SECTION**

Badge Type: BLUE (All Areas) \_\_\_\_\_ RED (SIDA/Secure/Sterile) \_\_\_\_\_ GREEN (AOA) \_\_\_\_\_ YELLOW (Sterile) \_\_\_\_\_

As an authorized signatory for \_\_\_\_\_, I hereby verify that \_\_\_\_\_  
Organization Name Applicant Name

Still has a legitimate need for an Airport Badge.

Authorized Signatory Original Signature

Printed Name

Date

Office use only beyond this point

**AIRPORT ADMINISTRATION SECTION**

**TYPE:** BLUE RED GREEN YELLOW // DRIVER NON-DRIVER // ESCORT (Circle all that apply)

STA INFO COLLECTED BY \_\_\_\_\_ STA INFO SUBMITTED BY \_\_\_\_\_ STA APPROVAL COMPLETE \_\_\_\_\_ CHRC Complete \_\_\_\_\_

BADGE ISSUE DATE \_\_\_\_\_ BADGE ISSUED BY \_\_\_\_\_ NEW BADGE NUMBER \_\_\_\_\_ OLD BADGE NUMBER \_\_\_\_\_

Billing: EMPLOYER / INDIVIDUAL / N/C (circle one) CHARGE: \$ \_\_\_\_\_ CASH / CHECK (circle one)

OLD BADGE DESTROYED \_\_\_\_\_ UPDATES: TSC \_\_\_\_\_ CONTINUUM \_\_\_\_\_ CHRC Resubmitted \_\_\_\_\_ Billing \_\_\_\_\_