

WILLOW RUN AIRPORT - WCAA BADGE APPLICATION

SECTION I - APPLICANT (PRINT LEGIBLY / USE BLACK OR BLUE INK ONLY)

MARK THE APPROPRIATE BOX(ES): -Ramp Driving Authorized by Co. -New -Reissue (Return from previous separation)

Company Name _____

Name _____ Date of Birth _____
Last First Middle

Home Address _____
Number Street City State ZIP

Home Phone _____ Work Phone _____

Sex (M/F) _____ Height (Ft./In) _____ Weight (Lbs) _____ Eye Color _____ Hair Color _____

Driver's Lic./State ID# _____ State of Issue _____ Expires _____

Email Address _____

Date of Hire _____ Job Title _____ Dept. _____ Supervisor _____

I understand that any unanswered questions or incomplete information on this application will cause it to be rejected. False or misleading statements on this application will result in the termination of access privileges. I also understand that two pieces of identification, at least one of which must be a government issued photo ID, is required to obtain an Airport ID. I agree to abide by the YIP airport rules and regulations and understand that WCAA reserves the right to suspend or permanently revoke the ID badge privileges of any airport, airline, tenant or contractor employee. Suspensions or termination may result from an attempt to bypass the Airport Security Card Access System (SCAS), Badging System, compromise Airport Security, violate Airport Ordinances, Michigan Law or Federal Law.

APPLICANTS SIGNATURE _____ **Date** _____

NOTE: Badge Applications are held for processing, and pick up of badges, for 60 days **only**. Badging Forms not processed, or badges not picked up within 60 days will be destroyed and re-application will be required. All signatures contained on this form must be original (no copies or faxes).

SECTION II - EMPLOYER SECTION - BADGE ISSUANCE AUTHORIZATION

I understand this application must be completed and reviewed prior to authorizing it. I affirm that all information on this application is correct and that sufficient administrative records regarding the status of employment and employment history are available for inspection by the Wayne County Airport Authority and are maintained by my company as a matter of record. I have made my employees aware of the security rules and procedures at YIP and acknowledge responsibility for any fines levied against the Wayne County Airport Authority which are caused by the failure of my employees to adhere to the YIP Security Program. I understand that **failure to comply with the requirements of this section will result in the termination of my authorizing authority and access privileges.**

AUTHORIZING SIGNATURE PRINT NAME DATE YIP BADGE #

SECTION III - AIRPORT USE ONLY			Date Application Received: _____	
Color: (BLUE) (PURPLE) (GREEN) YIP Badge # _____		CC: _____		Ramp: _____ Auth: _____
Date Processed/Issued: _____		Initials: _____ SECURITY/RAMP DRIVING TEST: Pass _____ Fail _____		
<u>Photo ID:</u> Driver's License _____ Govt. ID _____ Passport _____ School ID _____ Other _____		Notes: _____ _____ _____		
<u>Non-photo ID:</u> Social Security _____ Voter Registration _____				