



**DETROIT METROPOLITAN WAYNE COUNTY AIRPORT  
AIRPORT SECURITY**

**ACCESS CHANGE REQUEST FORM**

**Use this form:**

- For requesting additional access for an individual or entire company
- For updating an individuals Job title, which could include additional access
- To replicate access of an existing company or individual, include the details in the Justification section.

**Please fill in all spaces as incomplete requests may delay access or result in disapproval.**

- Fax or email completed form to the Credentials Office. Fax: (734) 942-3814 email: security@wcaa.us
- Credentials Office staff will review the request and the justification provided.
- Allow up to one (1) full business day for review, approval/denial and processing.
- Please direct questions regarding access level changes or requests to a Credentials Manager at (734) 942-3606.

Please Type or Print Clearly	
Full Name of Authorized Signer:	Phone/Cell #:
Company Name:	Request Date:
Card Reader Door or Gate Numbers Requested:	
Name and Badge Number of the individual(s) for which the request is being made or Company name:	
Date Range or Duration for the Request:	
--- For Duration of Employment	Temporary (dates from/to)

Justification For Access Change or Request
(A detailed description and operational need for access is necessary. Include job title changes here)

Authorized Signer Approval:                      Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AIRPORT SECURITY USE ONLY:		
Authorizing Security Manager		Request Completed By:
_____		_____
Approved/Disapproved: _____	Date: _____	Date: _____