

WILLOW RUN AIRPORT - WCAA AIRPORT ID BADGE APPLICATION

SECTION I - APPLICANT (Print legibly - Use black or blue ink - No white out)

Company Name on Badge: _____ Job Title: _____

Full Name: _____ Date of Birth: _____
Last (suffix) First Middle (full name) Month / Day / Year

Home Address: _____
Number Street (apt #, bldg. #) City State Zip

Personal Phone Number: _____ Work Phone Number: _____

Sex (M/F): _____ Height (ft./in.): _____ Weight (lbs): _____ Eye Color: _____ Hair Color: _____

Driver's License/State ID#: _____ State of Issuance: _____ Expiration: _____

Email: _____ Date of Hire: _____

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 the 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

SECTION II – EMPLOYER – 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 Federal Regulations I understand that **failure to comply with the requirements of this section may result in the termination of my authorizing authority and access privileges.**

AUTHORIZED SIGNATURE _____
PRINT NAME _____
DATE _____
YIP BADGE #

Applications are only valid for 30 days after the date signed by Authorized Signer

SECTION III – AIRPORT SECURITY USE ONLY Application Received Date: _____

Color: BLUE PURPLE GREEN CC: _____ Ramp: _____ Auth Signer: _____

Date Issued: _____ Processed By: _____ Issued By: _____ YIP Training: PASS FAIL

Photo ID: Passport Driver's License Notes: _____
 Other: _____

Non-Photo ID: Soc Sec Card Birth Certificate _____
 Other: _____