

# OCALA INTERNATIONAL AIRPORT



## SECURITY IDENTIFICATION DISPLAY AREA APPLICATION

### Personal Information : (Please Print)

| FIRST | LAST | MI | Date of Birth |
|-------|------|----|---------------|
|       |      |    |               |

| ADDRESS |
|---------|
|         |
|         |
|         |

| HOME PHONE | WORK PHONE | CELL PHONE |
|------------|------------|------------|
|            |            |            |

| Driver License # | State | Expiration |
|------------------|-------|------------|
|                  |       |            |

### T-HANGAR / AIRCRAFT INFORMATION

|                       |  |
|-----------------------|--|
| Aircraft type         |  |
| Aircraft Registration |  |
| Hangar #              |  |

Each new badge will have a \$25.00 non refundable fee. If a Badge is lost or stolen then there is a \$25.00 replacement fee. If a Badge is damaged from normal usage, then there will be no cost for a replacement.

### EMPLOYER SECTION (FILLED BY EMPLOYER): REQUIRED ONLY FOR APPLICANTS OBTAINING AN ACCESS CONTROL BADGE THROUGH THEIR EMPLOYER

Employer/Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Title/Position: \_\_\_\_\_

I request that the employee identified above be granted an Identification Badge for work at Ocala International Airport. I agree with the conditions for the privilege stated above. I acknowledge that, as the employer, I am responsible for my employees' entire adherence to the Access Control Procedures, and the Airport Rules and Regulations.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**EMPLOYEE SIGNATURE (SIGNED BY APPLICANT): REQUIRED ONLY FOR APPLICANTS OBTAINING ACCESS CONTROL BADGE THROUGH THEIR EMPLOYER**

In consideration of Ocala International Airport granting me an Access Badge, my employer and I agree to, and acknowledge our understanding of the Airports Rules and Regulations and the Airport's Access Control Procedures. My employer has copies of these available for review and I also may review them at the Airport Administration Office between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday. A violation of these Rules and Regulations or of the Access Control Procedures may result in penalties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AIRPORT TERMS AND CONDITIONS SECTION**

- All identification badges/gate cards are property of the Ocala International Airport and I agree to return them when use is no longer required for the purpose for which it was issued or the use is no longer permitted by airport staff due to violation of rules.
- If a card is stolen or lost I will immediately notify airport staff and agree to pay the cost of a replacement badge.
- As a condition of being issued a badge and/or permit, I hereby agree to comply with any policies, provisions, or procedures which the FAA and/or Airport Management have promulgated or promulgate in the future and deem necessary to ensure the security and / or safety of operations at Ocala International Airport.
- I understand that failure to comply with any such policies, provisions, or procedures shall be grounds for the immediate revocation of my badge and permit(s) and any privileges conveyed therewith.
- As long as I need access to the Ocala International Airport and therefore in possession of an Identification Badge, I will attend annual recurrent training or have my access privileges revoked.

**APPLICANTS SIGNATURE (Required)**

I have received from Ocala International Airport, an Identification badge / gate card. I have read, understand, and will comply with the above statements and all other rules and regulations provided during training sessions. I hereby certify there are no misrepresentations, omissions, or falsifications in the information I have provided. Misrepresentations, omissions, falsifications, or violation of any rule/regulation of the Ocala International Airport is grounds for immediate revocation of the badge/vehicle permit(s).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**AIRPORT OPERATIONS USE ONLY**

Badge # \_\_\_\_\_ Date Issued \_\_\_\_\_ Issued By \_\_\_\_\_

Movement Area  Non-Movement Area:

Badge Fees Paid  No  Yes

**Training is performed in Accordance to requirements set forth in ACM**

Date Applicant Completed Training \_\_\_\_\_ Administered By \_\_\_\_\_

Date of Recurrent Training \_\_\_\_\_ Administered By: \_\_\_\_\_

Date Terminated Badge Received \_\_\_\_\_ Badge Deactivated by \_\_\_\_\_