

OCALA INTERNATIONAL AIRPORT



SECURITY IDENTIFICATION DISPLAY AREA APPLICATION

Personal Information : (Please Print)

FIRST Name	MI	LAST Name	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: Pin: _____

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 _____