

T. F. GREEN AIRPORT (PVD) – BADGE RENEWAL FORM

Employer		Badge #
Last	First	Middle
Address		Apt. #
City	State	Zip
Home Phone		Cell Phone
E-mail		

As a badged individual at T. F. Green Airport, I understand and agree this identification card is the property of T. F. Green Airport and that I will surrender it upon termination of need for access granted by this card. T. F. Green Airport reserves the right to revoke this ID badge where such action is determined to be in the best interest of airport security and will take available legal actions to retrieve the badge. I certify all information provided on this renewal application is true, and understand that falsification of data so given shall be grounds for termination or ineligibility.

Signature	Date
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TO BE COMPLETED BY: EMPLOYER AUTHORIZED OFFICIAL AND/OR DESIGNATED CERTIFIED OFFICIAL

This individual is a:

Employee
Contractor, If contractor, you must provide the new badge expiration date. _____

This individual requires:		
SIDA/Secured Area Perimeter Movement	Sterile Area AOA Non Movement	General Aviation AOA Movement

As an Employer Authorized Official (EAO) and / or Designated Certified Official (DCO), I authorize the individual listed above to renew their badge.

Signature of EAO/DCO <i>(Must be signed in Blue Ink)</i>	Date
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SECURITY RESPONSIBILITIES

As a PVD badge holder I understand and will continue to comply with the following requirements:

I understand the PVD badge issued to me is and remains the property of the RIAC. I will not tamper with, loan, borrow, or deface my badge in any manner. In addition, I will not access, or attempt to access, any area of the airport without a valid operational need. _____ **Initial**

I understand any PVD representative is allowed to inspect my badge to verify personal identification and to ensure compliance with TSA regulations. _____ **Initial**

I understand the safety of the airport is the responsibility of all badged employees and it is my responsibility to challenge employees in the secured area not displaying an ID Badge. _____ **Initial**

I understand the PVD badge must be returned immediately to the ID Badging Office if any of the following occur: resignation, termination, transfer, lay off, and/or any suspension (medical/military) or for any other reason the badge is no longer needed. _____ **Initial**

I understand I am to keep my badge in proper condition and I will ensure that my picture, first and last name, employer and expiration date are all legible. _____ **Initial**

I understand I must immediately report any changes in my criminal history to the ID Badging Office. Failure to do so may subject me to a security violation and/or termination. _____ **Initial**

I understand it is my responsibility to keep my badge secured at all times. _____ **Initial**

EMPLOYER: _____

NAME: _____ DATE: _____