

Cecil Airport Badging Office 13365 Simpson Way Jacksonville, FL 32221 Phone: 904-573-1610

#### **Application Type**

NEW RENEW

One Form of ID is required: State-issued ID or Driver's License with the applicant's photo

#### **Applicant Information**

Last Name	First Name			Middle Name		
Primary Phone #		Secondary Phone #		e #	State/Country of Birth	
Home Street Address						
City		State			Zip Code	
				_		
Applicant's Email Addres	S	Sex	Height	Weight	Eye Color	Hair Color
Driver's License #		St	ate of Iss	sue	License	Expiration
Have you ever been convicted, entered a plea of "nolo-contendere" (no contest), or had adjudication withheld for any felony, misdemeanor, infraction, or any violation of any law?						
Yes No						

A conviction will not necessarily disqualify you from consideration for a badge. However, the Jacksonville Aviation Authority may not issue a badge if incorrect, incomplete, or false information is provided.

# **Company Information**

	Company Name	Company Phone #			
	Bac	lge Type			
ID Only	Non-Movement	Movement			
Firearm	Spaceport	Contractor			
By my signature, I certify that I have read, understand, and agree with the foregoing and that all the information provided is true and correct to the best of my knowledge. I also hereby acknowledge that a Cecil Airport ID badge is issued solely for access to Cecil Airport and may be revoked by the Airport without cause. I also understand that failure on my part to notify my employer or the Airport when my Cecil Airport ID becomes lost or stolen, or failure to return my Cecil Airport ID upon termination of employment, may result in arrest and prosecution, as appropriate.					
Applicant Signature		Date			

Date of SSI Entry/Initials



# **Certifying Official Information**

Name	Company		
Company Phone Number	Email Address		

As the Certifying official for the Company, to the extent permitted by Federal law, I hereby acknowledge responsibility for any FAA penalties which may be levied against the Jacksonville Aviation Authority which were caused by the failure of one of our employees to adhere to the Airport Security Plan. I also understand that I am responsible for (1) returning the Cecil Airport ID badge to the Cecil Airport Operations Office when no longer needed by this employee; (2) that this employee's record will remain on file with my company and will be maintained for 180 days after termination of the individual's access privileges; and (3) that upon the employee's termination, it is my company's responsibility to notify the Cecil Airport Operations Office within 24 hours of termination and return the badge to the Cecil Airport Operations Office. If the badge is not returned to the Cecil Airport Operations Office in the prescribed time, my company will pay the unrecoverable badge charge of \$100, if authorized by Federal law.

Certifying Official Signature	Date

# JAA USE ONLY

JAA Representative Issuing Badge (Print Name)	JAA Representative Issuing Badge (Signature)
Date Issued	Expiration Date

