



**JAXEX**  
Jacksonville Executive at Craig Airport

DATE: \_\_\_\_\_

## AIRPORT BADGING APPLICATION

### APPLICANT'S INFORMATION

Name

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State, Zip Code

Home / Work / Cell Number

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature

Work Email Address

\_\_\_\_\_

\_\_\_\_\_

### COMPANY / EMPLOYER / TENANT / INFORMATION

Company Name

Company Address

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Name (If applicable)

Supervisor's Phone Number (If applicable)

\_\_\_\_\_

\_\_\_\_\_

Certifying Official's Company

Certifying Official E mail

\_\_\_\_\_

\_\_\_\_\_

Certifying Official(Print Name)

**GATES Authorized:**

- Access Time Requested
- Work Week (M-F) 0600-2100
- All Week (S-S) 0600-2100
- 24/7/365
- Non-Movement (RAMP ONLY)
- Movement

Certifying Official ( Signature)

\_\_\_\_\_

### JAA USE ONLY

JAXEX GA Security Training Complete

Movement/Non-Movement Training Complete

JAA Representative Issuing Badge ( Print Name)

JAA Representative Issuing Badge ( Signature)

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

New Badge ID #: \_\_\_\_\_ Vehicle Decal # \_\_\_\_\_

Old Badge #: \_\_\_\_\_

### TYPE IDENTIFICATION BADGE ISSUED

The Certifying Official will inform the Operations Department of the type of training required (job dependent).

- WEAPON (permitted or LEO)
- IDENTIFICATION ONLY
- MOVEMENT AREA
- NON-MOVEMENT
- CONTROLLED ACCESS