



Section 1 - Applicant Information

PURPOSE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Change (add driving, title change, etc.) <input type="checkbox"/> Company Name Change or Department Name Change <input type="checkbox"/> Name Change (Supporting documents Required) <input type="checkbox"/> Replacement: Lost, Stolen or Destroyed (MUST complete Section 5)		
FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)	LAST NAME (LEGAL)
Other Legal Name Used (example maiden name):	Other Legal Name Used (example maiden name):	Other Legal Name Used (example maiden name):
DATE OF BIRTH (mm-dd-yyyy)	BIRTHPLACE City: _____ State: _____ Country: _____	Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not a U.S. CITIZEN, please list your country of Citizenship: _____
SOCIAL SECURITY NUMBER (###-##-####)	TELEPHONE NUMBERS Cell Phone: () - - Work Phone: () - -	
HOME ADDRESS Street: _____ Apt.#: _____ City: _____ State: _____ Zip: _____		
HEIGHT Feet: _____ Inches: _____	WEIGHT _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
EYE COLOR <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other _____		HAIR COLOR <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald <input type="checkbox"/> Other _____
RACE (Note: For finger printing purposes only) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian/Latino	STATE DRIVERS LICENSE OR IDENTIFICATION CARD NUMBER State: _____ EXP Date: (mm-dd-yyyy) _____	Security Use Only IDs
E-MAIL ADDRESS	Security Use Only Work Authorization w/Exp Date	

- When renewing, two (2) forms of identification are required. One must be a government-issued photo identification.
 - If you are not a United States citizen, then you must **ALWAYS** provide proof of Work Authorization.

Section 2 - Company Information

Sections 1, 3, and 4 **MUST** be filled out and then validated by an "Authorized Signatory" prior to completing this section. Type or print legibly in ink, or the application will be rejected.

COMPANY NAME (Use approved acronyms only)	DEPARTMENT CODE (If applicable)	APPLICANT'S ACCESS LEVEL (Use approved acronyms only)						
BADGE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Orange <input type="checkbox"/> Green <input type="checkbox"/> Purple - Demonstrated Business Need to Escort	SECURED AREA DRIVING (Green or Purple only) <input type="checkbox"/> Airfield/Tunnel Driving Privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited Access Route (LAR) Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Movement Area Privileges (ONLY with Driver Trainer approval)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
AUTHORIZED SIGNATORY NAME	<p>NOTE: FINGERPRINT CLEARANCE DATE and FINGERPRINT CASE NUMBER must be listed on the Fingerprint Certification for Air Carrier Employee form (30-FM-08).</p> <p style="text-align: center;">Security Use Only</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">BadgEze</td> <td style="width: 50%; text-align: center;">Telos ID</td> </tr> <tr> <td style="width: 50%; text-align: center;">E-MAIL ADDRESS</td> <td style="width: 50%; text-align: center;">Badge #</td> </tr> <tr> <td colspan="2" style="text-align: center; height: 100px;">Notes</td> </tr> </table>		BadgEze	Telos ID	E-MAIL ADDRESS	Badge #	Notes	
BadgEze			Telos ID					
E-MAIL ADDRESS	Badge #							
Notes								
E-MAIL ADDRESS	PHONE # () - -							
My signature below certifies that I have reviewed this application for accuracy and have approved Denver International Airport to Fingerprint and/or badge my employee and bill my company for the appropriate fees (if applicable).								
Authorized Signatory Signature: _____	Date: (mm-dd-yy) _____							
<p>Do NOT Sign a Blank Application Valid for 30 days after signed and dated</p>								
<p>Note: Please write for all inquires and questions about Criminal History Record Check (CHRC) results to the following: 49CFR Part 1544 Employees - Notify Aircraft Operator who sponsored the applicant.</p>								
<p>NOTE: Authorized Signatory signature above indicates that Applicant has been given a copy of the Privacy Act Notice</p>								

Checking this box indicates the Authorized Signatory is requesting that the applicant be fingerprinted!

AIRCRAFT OPERATOR FINGERPRINTING & BADGING APPLICATION

