

**DUPAGE AIRPORT AUTHORITY
ACCESS CONTROL BADGE APPLICATION**

**LESSEE REQUEST AND AUTHORIZATION FOR ACCESS CONTROL BADGE
(MUST BE COMPLETED BY SIGNATORY TO LEASE AGREEMENT)**

Lessee accepts full responsibility for damages that may result from the improper use of Access Control Badge. Lessee is responsible for immediately returning Access Control Badge to the DuPage Airport Authority upon request or when Access Control Badge is no longer required.

LOCATION OF HANGAR OR TIEDOWN	
ACCESS REQUESTED	<input type="checkbox"/> VEHICLE RAMP ACCESS <input type="checkbox"/> PEDESTRIAN RAMP ACCESS
AUTHORIZED LESSEE NAME	
AUTHORIZED LESSEE COMPANY	
AUTHORIZED LESSEE SIGNATURE	
DATE	
NAME OF PERSON WHO REQUIRES BADGE	

ACCESS CONTROL BADGE HOLDER INFORMATION			
PRINT NAME			
COMPANY NAME			
PERSONAL STREET ADDRESS			
CITY, STATE, ZIP			
MOBILE PHONE			
HOME OR BUSINESS PHONE			
DRIVERS LICENSE #		STATE	EXPIRATION

4-DIGIT PIN SELECTION	
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ACCESS CONTROL BADGE HOLDER ACKNOWLEDGEMENT

Applicant has received one (1) Access Control Badge for access to specific areas of the Airport as identified by the DuPage Airport Authority. Applicant agrees to comply with the DuPage Airport Authority Rules and Regulations which is available online at www.dupageairport.gov. Applicant acknowledges full responsibility for damages that may result from the improper use of the Access Control Badge.

Access Control Badge is property of the DuPage Airport Authority, shall be in possession of bearer at all times while on Airport property, displayed in accordance with the DuPage Airport Authority Security Program and surrendered upon request. Applicant agrees to immediately return Access Control Badge to DuPage Airport Authority when badge is no longer required. Applicant agrees to report lost or stolen Access Control Badge to Airport Operations within 24 hours by contacting 630-208-5600 (24-hours). Failure to comply with the provisions of this application may result in revocation of access privileges. A \$20.00 fee will be assessed for lost, stolen or damaged badge replacement.

SIGNATURE	
DATE	

VEHICLE RAMP ACCESS INFORMATION (IF APPLICABLE)

YEAR		COLOR	
MAKE		MODEL	
PLATE STATE		PLATE NUMBER	
INSURANCE PROVIDER			
POLICY TERM			

I swear or affirm that I have in effect a complying policy of motor vehicle insurance in the amounts of at least \$100,000 property damage, \$300,000 bodily injury or equivalent to insure the above vehicle. I understand that such insurance must remain in effect until termination of Airport Operations Area ramp access privileges. I understand that failure to maintain required insurance or abide with vehicle regulations identified in the DuPage Airport Authority Rules and Regulations may result in revocation of access to the ramp. I agree to notify the DuPage Airport Authority of any changes to the information provided in this application. I understand that I am **NOT AUTHORIZED** access to operate a vehicle on the Airport Movement Area (runways and taxiways).

SIGNATURE	
DATE	