

ID BADGE /ACCESS CONTROL AUTHORIZATION REQUEST
 (PLEASE TYPE OR PRINT APPLICATION IN INK)
INCOMPLETE REQUESTS WILL BE RETURNED TO COMPANY

ACCESS AUTHORIZATION REQUESTED:

Check appropriate box: Contractor Consultant Vendor Tenant Port of Seattle Government

Company Name	Division/Department
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Company Address	City	State	Zip Code
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AUTHORIZED BY: (PLEASE PRINT)

Last Name	First Name	Middle Name	Title
Authorized Signature		Date	Telephone Number
Authorized Co-Signature (if applicable)		Date	Telephone Number

ACCESS IS FOR (Check One):

<input type="checkbox"/> INDIVIDUAL (Complete next line)	<input type="checkbox"/> BY JOB TITLE (This will add/delete access for all persons with specific job titles)	<input type="checkbox"/> ALL EMPLOYEES		
EMPLOYEE NAME		POS EMPLOYEE/BADGE NO.		
Last Name	First Name	Middle Name	Job Title	

LIST ACCESS LOCATIONS, DOOR NUMBER (S) AND DESCRIPTION OF LOCATION YOU WANT ADDED.

LIST ACCESS LOCATIONS, DOOR NUMBER (S) AND DESCRIPTION OF LOCATION YOU WANT DELETED.

PORT OF SEATTLE USE ONLY

POS Employee Number	POS Badge Number	
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Form Received By	Date	Data Entered By	Date	Signature Approving POS Authority	Date
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Employee / Company Restriction (s)
