



PVD BADGE RENEWAL FORM

I. EMPLOYEE INFORMATION - TO BE COMPLETED BY EMPLOYEE

Employer: _____ Badge #: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

As a badged individual at RI TF Green International Airport, I understand and agree this identification card is the property of RI TF Green International Airport and that I will surrender it upon termination of need for access granted by this card. RI TF Green International Airport reserves the right to revoke this ID badge where such action is determined to be in the best interest of airport security and will take available legal actions to retrieve the badge. I certify all information provided on this renewal application is true, and understand that falsification of data so given shall be grounds for termination or ineligibility.

Signature: _____ Date: _____

II. TO BE COMPLETED BY EMPLOYER

This individual is a(n):

Employee

Contractor

If contractor, SIGNATORY must provide badge expiration date. EXP DATE: _____

Airline / Tenant will be paying renewal fees.

This individual requires:

SIDA/Secured Area

Sterile Area

Snow Movement

Perimeter Movement

AOA Non Movement

AOA Movement

III. DESIGNATED CERTIFIED OFFICIAL – TO BE COMPLETED BY EMPLOYER

As an Employer Authorized Official (EAO) and / or Designated Certified Official (DCO), I authorize the individual listed above to renew their badge.

Signature of EAO/DCO _____ Date: _____

(Must be signed in Blue Ink)

IV. SECURITY RESPONSIBILITIES - TO BE COMPLETED BY EMPLOYEE

As a PVD badge holder I understand and will continue to comply with the following requirements:

- I understand the PVD badge issued to me is and remains the property of the RIAC. I will not tamper with, loan, borrow, or deface my badge in any manner. In addition, I will not access, or attempt to access, any area of the airport without a valid operational need.
- I understand any PVD representative is allowed to inspect my badge to verify personal identification and to ensure compliance with TSA regulations.
- I understand the safety of the airport is the responsibility of all badged employees and it is my responsibility to challenge employees in the secured area not displaying an ID Badge.
- I understand the PVD badge must be returned immediately to the ID Badging Office if any of the following occur: resignation, termination, transfer, lay off, and/or any suspension (medical/military) or for any other reason the badge is no longer needed.
- I understand I am to keep my badge in proper condition and I will ensure that my picture, first and last name, employer and expiration date are all legible.
- I understand I must immediately report any changes in my criminal history to the ID Badging Office. Failure to do so may subject me to a security violation and/or termination.
- I understand it is my responsibility to keep my badge secured at all times.

EMPLOYER: _____

EMPLOYEE NAME _____ DATE: _____