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Capital Region Airport Commission Key Application - Side A

Instructions:

- Key assignee must have a valid RIC AOA or SIDA badge to comply with Airport Security Program.
- Key applicant must complete Part A of this form, parts 1-4 and return the form to the Airport Badging Office.
- Badging Office will forward the application to Properties for evaluation and review.
- Keys are customized and security validation is required. Up to a 14-day period may lapse before key issuance.
- Key applicant will be contacted after approvals for key issuance.

Part 1	Last Name (please print)		First	Middle
	RIC AOA/SIDA Badge Number		Company/Organization Name	Applicants Telephone Number

Part 2	TO KEY SYSTEM COORDINATOR: I request that the above named person be issued _____ keys(s) to open:
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Part 3	Reason for Request
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IMPORTANT INFORMATION REGARDING KEY(S) ISSUED BY THE CAPITAL REGION AIRPORT COMMISSION

- Key assignee must have a valid RIC AOA or SIDA Badge.
- Key assignee responsible for maintaining control of issued key(s).
- Transfer of Commission issued keys to other individuals is strictly prohibited.
- Keys must be returned and documented in the Badging Office for reassignment.
- Key holder is required to produce keys upon request for auditing purposes.
- Lost or stolen keys must be immediately reported to the Police/Communications (804) 226-0001.
- Keys must be returned to the Badging Office upon termination of employment or when no longer required.
- A refundable deposit is required prior to issuance of any keys.
- **"Refund Exception" - A fee of \$100 or more will be charged for lost keys.**

Part 4	By signing this request, I agree to the conditions set forth by the Capital Region Airport Commission for the issuance of lock(s). Signature of Applicant:		
	Signature		
	Title	Date	
	CERTIFICATION: I certify that the individual identified on this application is an employee of this company or is a contractor performing work for this company and requires key access to AOA areas at RIC in order to perform his/her normal job duties. I further certify that upon the <u>loss or theft</u> of an employee's key(s) is my company's responsibility to <u>immediately</u> notify the Airport Communications Center (226-0001) or the Airport Badging/Operations Office or Police Office (226-3056 or 226-3080). Upon termination of employment it is my company's responsibility to notify the Airport Badging/Operations Office and return the key(s) within 24 hours.		
	Signature		
	Title	Date	



Capital Region Airport Commission Key Application - Side B

TO BE COMPLETED BY THE CAPITAL REGION AIRPORT COMMISSION ONLY

NOTES: 1) ASC Signature required only when needed to verify that the requester is properly credentialed if the key access is to allow unescorted access to the AOA or SIDA/Secure. 2) Airport Properties signature required when verification is needed that the requester is a tenant in good standing. Signature is not required if the requester is an employee of the Capital Region Airport Commission or authorized contractor.

Part 5	Airport Security Coordinator Approval <input type="checkbox"/> Denial <input type="checkbox"/>		ASC Signature
	Title		Date
	Airport Properties Approval <input type="checkbox"/> Denial <input type="checkbox"/>		Airport Properties Signature
	Title		Date
	Manager/Director Approval for Master, Sub-Master or Great Grand Master: (Print Name) _____ (Signature) _____		
	Title		Date

*Keys to CRAC Executive Office Area Must be Approved by President/CEO or CFO only.

Part 6	Key(s) to be issued	Key Designation	Date of Issue	Issued by: (initials)	Date of Return	Returned to: (initials)
	Inventory Control Number:					

Part 7	Date Deposit Collected	Amount of Deposit	Collected By: (initials)	Date Deposit Returned	Amount of Return	Returned By: (initials)

NOTES & PAYMENT INFORMATION

Credit Card Check Cash Billed No Charge