



# HUNTSVILLE INTERNATIONAL AIRPORT BADGE RENEWAL FORM

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## BADGEHOLDER BIOGRAPHICAL REVIEW

Full Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_  
(Surname/ Maiden) Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Personal Information: \_\_\_\_\_  
Sex (M/F) DOB (mm/dd/yyyy) Country of Birth

Employer Name: \_\_\_\_\_ Has Employer Changed?  Yes  No

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## BADGEHOLDER CERTIFICATION

The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

**I understand that I, my accessible property and/or vehicle are always subject to search within the Airport's Sterile, Secure, and AOA areas. By signing this request for and Airport ID media, I hereby agree to submit to such searches and understand that I do not have a right to refuse, once I have used my Airport ID media to gain access to the areas listed above. Failure to comply will result in immediate revocation of any Airport ID media and may lead to additional law enforcement and/or TSA action.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZED SIGNATORY APPROVAL

I, \_\_\_\_\_ authorize \_\_\_\_\_ badge access for  
(Print) Authorized Signatory Employee Name

\_\_\_\_\_  
Company Name (Sign) Authorized Signatory Date

\*\*\*Does employee have an operational need for ESCORT authority: Y/N: \_\_\_\_\_

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## HMCAA ADMINISTRATION USE ONLY

- Verify identification and work authorization
- Verify certifications
- Verify employer and authorized signatory approval

Trusted Agent: \_\_\_\_\_ Date: \_\_\_\_\_