CYBERKEY REQUEST FORM

SECTION I: Applicant Information

Badge Number	
Last Name	
First Name	
Tenant Name	
Contact Number	

SECTION II: To Be Completed by the Authorized Signatory

Access Requested:

☐ Terminal A   ☐ North Concourse   ☐ Terminal B   ☐ Other (Please Specify):_____

Please describe any access limitations:

_____

_____

As an Authorized Signatory for the above listed company, I certify that the named applicant has an operational need for the requested Cyberkey. I accept responsibility for retrieving the Cyberkey at the time of project completion or applicant's termination. Additionally, should he/she disclose any disqualifying criminal offense or if the applicant no longer meets the requirements for employment eligibility, I will return the Cyberkey promptly to the San Jose Badging Office within 48 hours. Failure to return the Cyberkey will result in a non-refundable lost Cyberkey penalty fee.

Authorized Signatories Signature			
Print Name			
Date		Badge #	

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SJC Badging Office Use Only

☐ APPROVED ☐ DENIED

ASC Signature			
Print Name			
Date		Badge #	

REVISED 04/07/23 KR