

AIRPORT SECURITY ACCESS CONTROL REQUEST FORM

Computerized Access Control (CACs) or Key Request
(Please submit to ID Badging Office upon completion)

Date _____ Company _____
 Employee Name _____ Job Title _____
 ID Badge No. _____ Contact Phone # _____
 Email address _____

Please checkmark the action required for this employee:

- ID Badge Clearance
 Driving
 Emergency Response
 Shunt
 Contractor
 Key Request
 Core Change
 Lock Change
 Cyberkey

Building Number (i.e.: 103)	Door Number (i.e.: 1002)	Vehicle Gate (i.e.: Bravo)	Requested Key/Core Code	For departmental use only	
				Assigned Key Code & Number	Assigned Clearance Code

For additional doors & personnel, please use a separate sheet of paper and attach to form

REASON FOR REQUEST

Request Approved
 Request Denied
 Date _____

DEPARTMENT COMMENT

Authorized Signer Signature (on file) _____ Date _____
 Verifying Signature (Port of Oakland) _____ Date _____
 4AA Series or Cyber Key Authorization (ASM or A/P SS) _____ Date _____
 X series Key Authorization (AP Facilities Manager) _____ Date _____
 IDF/MDF Access Authorization (AP IT Manager) _____ Date _____