



## Airfield Identification/Proximity/RF ID Chip Access Application

### Applicant Information:

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

### Drivers License:

State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Birthdate (month/day/year): \_\_\_\_\_

Address: \_\_\_\_\_

House#                      Street                      City                      State                      Zip

### Airfield Identification Access Badge Information:

D1: \_\_\_\_\_ D2: \_\_\_\_\_ D3: \_\_\_\_\_ Identification: \_\_\_\_\_

Badge Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Proximity Card/RF ID Chip Number: \_\_\_\_\_ Expiration \_\_\_\_\_

**\*See other side\***

## Ground Vehicle Training/Proximity Access Card

“I agree to abide by all rules and regulations prescribed for the operation of a vehicle in accordance with the Ground Vehicle Operations Program and Rules and Standards at the Coeur d’Alene Airport. As of this time, I certify that I hold a current and valid driver’s license. If for any reason my license becomes invalid, I will notify the KCOE Operations Department.”

Proximity Access Cards are unique to the individual they are issued to. In order to access the secure area at the Coeur d’Alene Airport, you will need a unique Proximity Access Card. Failure to possess your unique Proximity Access Card will result in a violation against you.

Identification/Proximity Card badges must be worn at all times when on the Coeur d’Alene Airport. Failure to have ID present when on the field will result in a strike against the tenant. An accrual of three strikes may result in loss of driving privileges for a maximum of one year. Upon loss or damage (includes punching holes of any kind) of an ID badge airport operations must be notified at (208) 446-1860. A replacement badge will be issued at the cost of \$60.00.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vehicle Operations Coordinator Signature

\_\_\_\_\_  
Date

**The following to be completed by KCOE personnel only:**

\_\_\_\_\_  
Issuers Initials \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_