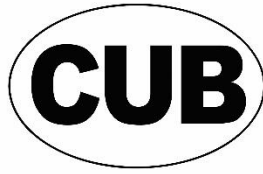


Payment Received

\_\_\_\_\_ FBO Staff Initials



**Application for issue of an Airport Identification Badge (AIDB)**

(Please print neatly)

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

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

Primary Telephone Number: \_\_\_\_\_

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

Airworthy Aircraft	Active Project Aircraft
Make/Model: _____	Make/Model: _____
N-Number: _____	

Hangar/Tie Down Location: \_\_\_\_\_

Emergency Contact Information

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Eligibility for application:

1. I am a tenant, employee, or contractor (check one) requiring access to the AOA at CUB.
2. I will provide a copy of my State Driver's License or Official Identification Card.
3. I will read and will comply with the directive regarding the AIDB as contained in the Jim Hamilton – LB Owens *Airport Manual*.
4. I will immediately report the loss of my AIDB to the Airport General Manager or FBO.
5. I will immediately surrender my AIDB if I become no longer eligible for AOA access at CUB.
6. I certify that the information provided hereon is true and correct.

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