



Application for issue of an Airport Identification Badge (AIDB)

(Please print neatly)

Name: _____

Address: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

E-mail Address: _____

Aircraft Make/Model: _____ N-Number: _____

Hangar/Tie Down Location: _____

Emergency Contact Information

Contact Name: _____

Contact Telephone Number: _____

Relationship to you (*i.e.* – spouse, friend, *etc*): _____

Eligibility for application:

1. I am a tenant, employee, or contractor (circle 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 Director.
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: _____