



**REDMOND MUNICIPAL AIRPORT**

**Airport Use Only**

**Airport Issued ID Application,  
Security Awareness Training, and Request for  
Employee Parking Lot Access**

AIRPORT ID# _____	PIC# _____
EXPIRATION DATE: _____	
ID CREATED: _____	
ID ISSUED: _____	
TRAINING DATE: _____	
RECEIPT # _____	

DATE \_\_\_\_\_

NAME \_\_\_\_\_

(LAST NAME)

(LEGAL FIRST NAME)

(FULL MIDDLE NAME)

**MUST INCLUDE: "NICKNAME" / COMMON USE FIRST NAME USED FOR ID:** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(PHYSICAL ADDRESS, NOT P.O. BOX)

\_\_\_\_\_

(CITY, STATE, ZIP)

MAIN PHONE \_\_\_\_\_ Your E-mail \_\_\_\_\_

LAST 4 OF SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Parking Access Needed? Yes \_\_\_\_\_ No \_\_\_\_\_** If Yes, License Plate# \_\_\_\_\_ State \_\_\_\_\_

I, the undersigned, have on this day received my Airport Issued ID, which DOES / DOES NOT include employee parking privileges at Roberts Field - Redmond Municipal Airport, Redmond, Oregon. I understand that if I elect parking, it is to be used for my vehicle only and that if I allow any other person access to the employee parking lot, I could lose my parking privileges. I understand parking is for employment purposes only, and no personal use is permitted. I understand that there is NO overnight parking permitted in the employee parking lot without prior approval from Airport Administration. Motorcycles must also be registered with the Airport Administration Office and may only be parked in the designated motorcycle parking area. If I elect parking now, or add it at any time during my employment, I understand there will be a one-time non-refundable \$10.00 charge required for access to the employee parking lot. **INITIAL HERE** \_\_\_\_\_

If my Airport Issued ID is damaged it will be replaced at no cost if the damage was unintentional. However, I understand that if my Airport Issued ID is lost or stolen, there will be a \$25.00 non-refundable replacement charge and I **MUST** report it to my supervisor immediately. I also understand that if I am no longer employed with the employer listed below that I will return my Airport Issued ID to my employer, the Airport Admin Office or the Airport Security Office within 14 days of my last day worked.

X \_\_\_\_\_ / \_\_\_\_\_

**EMPLOYEES SIGNATURE AND DATE**

THIS SECTION TO BE COMPLETED BY EMPLOYERS AUTHORIZED SIGNATORY ONLY:

EMPLOYER / ORGANIZATIONS NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_