

## AIRPORT ID ACCESS HISTORY FORM

Date:			
Authorized Signatory Name (Fire	et and Lact Name):		
Authorized Signatory contact phone	· · · · · · · · · · · · · · · · · · ·		
Authorized Signatory Contact phone Authorized Signator	-		
Who will receive this information, if other	· · · · ———		
,			
Request			
Individual's legal name and Airport	ID badge number:		
Provide the dates for	the report request:		
	rial and must be controlled under 49CFR Parts		
	ve, or pay. Cost per request is \$0.00 per person		
	electronically provided to a designated Authoric		
-	ited copy of an individual's Airport ID Access H		
of 0 Cents per printed page.			
he Mojave Air and Space Port reserves the	e right not to issue Airport ID Access history at	any time. The airport security	
Office may only be able to retrieve and prov	vide the last 6 concurrent calendar months fro	m the present date. The	
-	ol only and is not in and of itslef a validation of		
Jse of badge records is NOT recommended	l as an effective tool for attendance or leave ac	counting.	
Purpose of request of Airport II			
urpose of request of Airport is	Treeces miscory.		
or Mojave Air and Space Port Use	Only:		
Airport ID Access History Report			
Exported/Printed b	)y:		
Review and Approval Routing:			
review and Approval Routing.			
Airport Security Review:	RELEASE APPROVED: YES / NO	DATE:	
. ,	•	Cost Request:	
NOTES:			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

Return form to: FAX 661-824-2914 / email chris@mojaveairport.com