San Jose Mineta International Airport CONTRACTOR BADGE EXTENSION AUTHORIZATION FORM

PART 1: TO BE COMPLETED BY APPLICANT										
Employee Bac	lge Number:									
Period of Exte	ension Being Ro	equested:		6 mo		l yr	□ 1.5 yr		2 yrs	
Last Name:						First Name:			MI:	
Employer/Sp	onsor – Divisio	on:								
Contractor/V	endor Compar	ny:								
PART 2: TC	BE COMP	LETED BY C	CONT	RACTO	DR/VEN	DOR				
Contractor/Vendor certifying for the above employee – As an Authorized Representative I certify that the above named applicant has a need for the requested extension. I accept responsibility for retrieving the ID Badge at the time of project completion or the employees' termination. Additionally, I will <u>SUSPEND</u> the employees badge at termination or should he/she disclose any conviction of any disqualifying criminal offenses. I will return the badge PROMPTLY to the San José Badging Office. Contractor/Vendor (Please Sign): Please Print Name of Contractor/Vendor: Contractor/Vendor Phone Number:										
		LETED BY A		ORIZE	D SIGN	ATORY				
Airport Sponsor/Tenant certifying for the above Contractor/Vendor – As an Authorized Signatory on file with the San José International Airport, I certify that the above named contractor/vendor has a need for the above requested extension. I accept responsibility for ensuring that the above contractor/vendor complies with the above stated requirements. Additionally, I will recover all outstanding badges from the contractor/vendor upon the termination of their contract. Authorized Signatory (Please Sign):										
Please Prir	ed Signatory (nt Name of Au l Signatory Ph	th Signatory:					Date:			
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		PRO	JEC .	LINFO	KMAI	ION (If app				
Project Nan	ne					N	lotice of Work ∦			
Project Star	t and Endin	ig Dates:								
Start Date:	Ma	nth/Year				End Date:	Month/Year			
	No extensio		en for	the initi	ial badge.	Extension ca	Month/Year n ONLY be given			re
		SJC			SAN J INTER	dse mine Nationa	TA L AIRPORT			

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