



3201 CIRA DRIVE, SUITE 200
BLOOMINGTON, IL 61704

KEY REQUEST FORM

INSTRUCTIONS:

1. FORM MUST HAVE SECTION 3 SIGNED BY: AUTHORIZED SIGNATORY, CONTRACTOR SUPERVISOR, HANGAR LEASE HOLDER, OR DEPUTY DIRECTOR BEFORE A KEY WILL BE ISSUED
2. PLEASE ALLOW 72 HOURS TO PROCESS REQUEST
3. DEPUTY DIRECTOR MUST INITIAL "APPROVED" SECTION TO THE RIGHT FOR FINAL AUTHORIZATION PRIOR TO ISSUING THE KEY

OFFICE USE ONLY

KEY(S) #: _____

 APPROVED: _____
 ISSUED: ____/____/____
 RETURNED: ____/____/____

SECTION 1: REASON FOR KEY REQUEST	Choose one: <input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITIONAL BADGED HANGAR TENANT	Date: _____
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SECTION 2: APPLICANT'S INFORMATION	NAME	LAST:	FIRST:	M.I.:
ADDRESS:				
Street		City		State
EMPLOYER/HANGAR #:		JOB TITLE:		PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL
ZIP Code				

SECTION 3: MANAGER/LEASE HOLDER REQUEST AND AUTHORIZATION (Not applicable to hangar tenant first key issuance)	Choose one: <input type="checkbox"/> AUTHORIZED SIGNATORY <input type="checkbox"/> CONTRACTOR SUPERVISOR <input type="checkbox"/> HANGAR LEASE HOLDER <input type="checkbox"/> DEPUTY DIRECTOR (For additional BADGED hangar tenant)
<i>I request that the individual listed above be issued a key(s) to the doors listed below. Please accept my signature as an official request that the Bloomington Normal Airport Authority issue the above individual the key(s) to the doors/gates listed. Additionally, I understand that if this employee/tenant does not return their key upon separation, or termination of lease, the company/tenant will be held liable for all applicable fees associated with replacing any keys and lock cores needed to maintain the integrity of security measures that are in place at Central Illinois Regional Airport.</i>	
DOOR(S) REQUESTING ACCESS TO: _____	
PRINTED NAME:	SIGNATURE:
	DATE:

SECTION 4: APPLICANT'S PROMISARY SIGNATURE	<i>With my signature below, I request the key(s) listed in Section 3 be issued to me. I agree to abide by the Bloomington Normal Airport Authority Key Control Policy. I understand this key is the property of Bloomington Normal Airport Authority and I will report lost key(s) within 24 hours to Airport Operations. I agree to accept financial responsibilities associated with replacing keys, lock cores, and any associated hardware should this key be lost. I agree not to loan, transfer, give possession of, misuse, modify, alter, or make copies of any key(s). I will surrender all keys to the Bloomington Normal Airport Authority when I no longer have a need for the key(s), upon request by the Bloomington Normal Airport Authority, or at the end of my employment or lease.</i>
PRINTED NAME:	SIGNATURE:
	DATE:

SECTION 5: Key Acquisition	I acknowledge that I have received a key to the above requested location(s) and am aware of my responsibilities in accordance with the Bloomington Normal Airport Authority Key Control Policy, AND RECEIVED A COPY OF THE KEY CONTROL POLICY.		
KEYHOLDER'S NAME (Print):	KEYHOLDER'S SIGNATURE:	DATE:	
ISSUED BY:	DATE:	** PHOTO COLOR COPY OF KEY MUST BE ATTACHED TO THIS FORM ** <input type="checkbox"/> ATTACHED	

RETURNED KEY INFORMATION

All key(s) issued to above individual must be returned to the Airport Authority prior to deposit being returned	KEYHOLDER SIGNATURE: _____
RECEIVED BY: _____	Date: _____

Original Date: 11/07/2012
 Revision Date: 07/17/2018

Approved: 7/16/18