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## **Request for New Company Set Up**

Name of Company Requesting Badges:	Telephone Number:
Company Type:	Email Address:
☐ Airline ☐ Government Agency ☐ Concessionaire	
☐ Contractor/Vendor Delivery (Complete contractor section)	
Company Address:	Fax Number:
Designated Authorized Signatory:	Signatory Telephone Number:
Location at CVG:	Ramp Driving Needed:
	☐ Yes ☐ No
Contractor Section:	
Contractor Section.	
Sponsoring Company's Name:	
Contact Name: Phone Number:	
Contact Name Frione Number	
Scope of Work: (Company's purpose for doing business at CVG)	
Commencement and duration of project/contract:	
Estimated Number of Employee's to be badged:	
Job location at CVG:	
Ramp Driving Needed: Yes No If yes list how many driver's needed:	
Reason Ramp Privileges Needed:	
For ASC Use Only:	
Company Approved: Yes or No Date Approved:	Additional notes:
Ramp driving approved: Yes or No	
Insurance verified: Yes or No	