CLT Airport Company Onboarding and Changes

Please fill out the below information as applicable. The accuracy of the information provided will help us establish a firm Badge, Billing, and access foundation for your organization.

Company Information

Reason: (indicate the purpose of this request)   **Date of Request:**

☐ New organization/relationship   ☐ Billing info update
☐ Name Change   ☐ Access Change
☐ Contract info update

Company details: (Organizational details. This is how the co. will be captured in the system)

• Company Name: (Legal)
• Address:
• Point of Contact:

    o Full name:
    o Phone:
    o Email:

Business Type: (Air Carriers will be 1544 or 1546s, their subcontracts will be 1542s)

☐ Prime Contractor/ Tenant (1542)   ☐ Air Carriers (1544)
☐ Sub- contractor (1542)   ☐ Foreign Air Carriers (1546)

Authorized Signer: Date of AS Training:

Email Address:

Business Relationship: (Indicate your business relationship; how the badge will be displayed & billed)

• Company/Organization:
• CLT Business Relationship:
• Point of Contact:
• Contract/Relationship Expiration Date:
• Projects assigned: (As applicable, ex: Terminal Expansion, ECON Phase 2..)
• Billing Agreement Number: **MUST BE PROVIDED**
• Est. number of badged employees:

Access: (Indicate what access is needed)

• Access requested:
• Position access delineations: (Supervisor/Manager, all employees…)
• Access Area(s) Needed: (ex; Ramp Access, new construction projects, etc.)

Comments: