



El Paso International Airport

RFID Parking Tag Application

DATE: _____

EMPLOYEE NAME: _____
(LAST NAME, FIRST NAME, FULL MIDDLE NAME)

EMPLOYER: _____ DAY TIME PHONE: _____

JOB TITLE: _____

CURRENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

E-MAIL ADDRESS: _____ BIRTH DATE: _____

RFID FEES

SELECT	RFID	BADGE	NO BADGE
	1st	FREE	\$35.00
	2nd	\$35.00	\$35.00
LOST →		\$35.00	\$35.00

VEHICLE INFORMATION

MAKE	MODEL	COLOR	LICENSE PLATE

"By execution of this form, I acknowledge the following in receiving an airport RFID tag: I agree to place the tag in the lower, driver's side windshield. I agree not to tamper with, copy, or share your vehicle's RFID tag. I agree not to remove the RFID tag unless no longer needed (removing tag will destroy radio receiver). I understand that any fees associated with RFID are non-refundable."

EMPLOYEE SIGNATURE:

AUTHORIZATION SIGNATURE*:
(*Required w/ NO BADGE)

EPIA USE ONLY

Initial Application: 1st RFID

Initial Application: 2nd RFID

LOST Application: LOST RFID

Badging Officer:

	Date:	
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ASC:

	Date:	
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