



**COLORADO SPRINGS
AIRPORT**

WORK ACTIVITY & BADGING SPONSORSHIP FORM

Please Submit to:
Airport Operations
7770 Milton E Proby Pkwy
Colorado Springs, CO 80916
TEL (719) 550-1900
FAX (719) 550-1937

Company Name of Airport Tenant/Sponsor: _____ 1

Personal Contact Information:

	Signature Authority	Project Manager (if applicable)
Name		
Phone Number		
E-Mail		

Vendor/Contractor being sponsored: 2

Company Name:	
Primary Contact (Name):	
Office Phone Number:	
Cell Phone Number:	
Address:	
Email:	

Scope of Work (check all that apply): 3

- Basic Maintenance or Repair of existing systems/facilities (no impact on services or others)
- Aesthetics, Renovations, Improvements or other major changes to existing System or Facility
- Other

Please provide a brief description of services or work checked above - include type(s) of equipment that may be utilized:

Areas where work shall be performed (please check all that may apply):

- STERILE AOA/SIDA SA –SIDA AOA (GA) AOA (ADACG) CARGO SIDA
- PUBLIC PAFB Ramp Other (specify) _____

Please provide a detailed description of the exact location(s) where work shall be performed, and include preferred access routes into and out of work site (list ACP#'s if possible):

Please provide a description of the proposed Staging Area/Parking Plan for all employees, materials, and debris <Attach drawing(s) if applicable>:

Anticipated duration of work activity:	
Start date:	
End date:	
Hours of Work:	

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Airport Department	
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Operations
<input type="checkbox"/> Planning	<input type="checkbox"/> Environmental
<input type="checkbox"/> Development	<input type="checkbox"/> Administration
<input type="checkbox"/> Properties	

[] Check box if this is an **Ongoing Sponsorship** (to be renewed 2 years after approval date)

Tenant/Sponsor certifies that contractor/invitee/guest/agent is covered under Tenant's/Sponsor's insurance policy, a copy of which is on file with the Colorado Springs Airport and/or;

Tenant/Sponsor has verified and hereby certifies that contractor/invitee/guest/agent has sufficient insurance to cover the activity in which they are engaged at the behest of Tenant/Sponsor.

Legal Authorized Representative Signature: _____

Printed Name: _____

Title: _____ Date: _____