

## **Instructions for completing DFW Airport Access Change Request Form**

The Access Change Request Form is a two-sided form. Please read both pages of the form to ensure that you fill in all fields completely.

The form is in PDF format, and information can be entered right on the form. All fields must be filled in with the requested information. Incomplete forms may result in a delay or denial of the request. Please allow five (5) business days for action on the request. Access DFW will e-mail the Authorized Signatory with a determination (approval or denial) of the request.

Once you have completed the form, e-mail it and any additional documents to:  
[SpecialAccess@dfwairport.com](mailto:SpecialAccess@dfwairport.com)

### **Fields on the Form**

Full Name of Authorized Signatory: The name of the requesting Authorized Signatory.

Phone/Fax #: The phone or fax number of the requesting Authorized Signatory.

Company Name or Board Department: The company and division where the employee works. For example, if the employee for whom you are requesting the change is employed by the Board and works in the Engineering department, you would enter "Board/Engineering." If the employee works for Concessions International, you would enter "Concessions International/Wendy's."

Request Date: The date of the request.

Card Reader Controlled Door Number(s) or Elevator Number(s) Requested: Each door and elevator has a number that can be found on the frame above the door, or above the elevator door. If access for multiple doors and/or elevators is being requested, you will need to list all of them.

Name and DFW Airport Badge Number of the individual(s) for which the request is being made: You must provide the individual's name and DFW badge number. You may request the change for multiple people by listing each person's name and badge number. You may attach additional sheets if necessary. The badge number is found on the front of the badge.

Date Range or Duration for the Request: If the change requested will be for the duration of the badge holder's employment, mark the box next to "For Duration of Employment." If the request is for a project with a specific start and end date, enter the project start and end date.

Justification for Access Change or Request: A detailed description and operational need for the change request is required. For example: "This person will be performing inspection duties on construction project \_\_\_\_\_ and requires access through this door to inspect work by contractor." Or, "This person will be moving product and/or cash to and from Sterile and Secured locations."

Authorized Signatory Approval: The approval of the Authorized Signatory for the company or department making the request. Signature and e-mail address are required. If you have an electronic signature, you can insert it here. If not, leave the signature field blank. Since the form will be e-mailed from an Authorized Signatory of the company, our office will accept that it's from you and will not require an actual signature; your e-mail address will be acceptable.

## DFW Airport Access Change Request Form

**Use this form when you are requesting access through additional doors or vehicle gates for a specific badge holder.**

**The process for requesting special access is:**

- Authorized Signatory emails completed form to [SpecialAccess@dfwairport.com](mailto:SpecialAccess@dfwairport.com)
- Access DFW reviews justification for the request
- Access DFW provides an approval or denial within five (5) business days

**Please review the instructions on page 1 for additional information on how to complete this form.**

Please type or print clearly	
Full Name of Authorized Signatory:	Phone/Fax #:
Company Name or Board Department:	Request Date:
Card Reader Controlled Door Number(s) or Elevator Number(s) Requested:	
Name and DFW Airport Badge Number of the individual(s) for which the request is being made: (Attach an additional sheet if necessary)	
Date Range or Duration for the Request:	
For Duration of Employment <input type="checkbox"/>	Temporary (dates from/to) _____



**Justification for Access Change or Request**

(A detailed description and operational need for access is necessary)

Authorized Signatory Approval

Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b>Access DFW Only</b>			
<b>Authorizing Security Manager</b> _____		<b>Access Administrator</b> _____	
<b>Approved/Disapproved</b> _____	<b>Date</b> _____	<b>Date Received</b> _____	<b>Date Completed</b> _____