



# Access Change Request

**Minneapolis-St. Paul International Airport  
Aviation Security Division and Badging Office**



**Instructions:**

- 1) Make sure name(s) are written exactly as they appear on the badge. Please type or print legibly.
- 2) If identical access is needed for additional badge holders, please attach a separate sheet.
- 3) Obtain supervisor's signature. **You cannot sign for your own access change request.**
- 4) Send request to [access@mspmact.org](mailto:access@mspmact.org) and allow 5 business days for processing.
- 5) This form is not to be used for keyed doors-for all keyed doors please contact facilities at 612-726-5225.
- 6) For assistance with door and/or gate numbers and work areas needed please consult with your general contractor or sponsor company.

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**Door(s) or Gate(s) Number** \_\_\_\_\_

**Start date** \_\_\_\_\_ **End date** \_\_\_\_\_

**Reason for request** \_\_\_\_\_

**Supervisor's signature** \_\_\_\_\_ **Phone no.** \_\_\_\_\_

**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_

**Badge No.** \_\_\_\_\_ **Phone number to contact** \_\_\_\_\_

**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_

**Badge No** \_\_\_\_\_ **Phone number to contact** \_\_\_\_\_

**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_

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**Last name** \_\_\_\_\_ **First name** \_\_\_\_\_

**Badge No.** \_\_\_\_\_ **Phone number to contact** \_\_\_\_\_

**For office use only**

Approved: Yes\_\_\_ No\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Entry date \_\_\_\_\_ by \_\_\_\_\_

Remarks: \_\_\_\_\_ Requestor notified: Yes\_\_\_ No\_\_\_