



AIRPORT POLICE DEPARTMENT



Company Profile

SECTION ONE:

Date: _____

Check appropriate box: ☐ New Company ☐ Reactivating Company ☐ Sponsor Company Change ☐ Billing Update
☐ Company Name Change (prior name) _____

Corporate Company Name _____

Corporate address _____ Suite _____

City _____ State _____ Zip _____

Local address (if applicable) _____

Company contact name _____ Title _____

Best contact number _____ Email address _____

Company website address _____

SECTION TWO: Contractor Project or Vendor (dba) Name _____

Brief Description of services provided at MSP Airport _____

List your sponsor company _____ Contract start date _____ End date _____

Additional sponsor company _____ Start date _____ End date _____

Are you sponsored by MAC? ☐ Yes ☐ No MAC Contact name _____

SECTION THREE: BILLING AND FINANCIAL INFORMATION:

If contract is less than 3 months fees must be paid at time of service

Will you be paying by: ☐ Cash or check ☐ Invoiced ☐ Check if the billing address is the same as above

Billing address _____ Suite _____

City _____ State _____ Zip _____

Billing contact name _____ Title _____

Best contact number _____ Email address _____

Signature to authorize billing _____ Date _____

Please submit this form, along with: ☐ Sponsor Company Letter ☐ Two Authorized Signer Letters (if applicable).

Scan and email to john.hoffer@mspmact.org and security@mspmact.org or fax to 612.467.0779 or mail to: John Hoffer, Airport Police Department, Minneapolis-St. Paul International Airport, 4300 Glumack Dr, LT-3255, St. Paul, MN 55111.

Badge Deposit Policy: Contractors required to pay a \$200 deposit per badge must return badges at the end of the contract period. Badges that are not returned within 30 days of the expiration date will forfeit the \$200 deposit.

For Office Use Only: Signer Session date _____ Contact Finance _____

PW Name _____ PW Entry _____ List _____ POS Push _____

Customer No. _____ Notes _____