



Ellison Onizuka Kona International Airport at Keahole (KOA)



Handwritten and incomplete forms will be rejected.

CHANGE FORM		
LAST NAME	FIRST NAME	MIDDLE NAME
COMPANY NAME	SIGNATORY NAME	SIGNATORY PHONE NUMBER
SIGNATORY AUTHORIZATION (Original Signature Required)		DATE

<input type="checkbox"/> ELEMENT CHANGE Please select requested privilege(s).			
CBP SEAL <input type="checkbox"/>	ESCORT <input type="checkbox"/>	ID MEDIA BADGE TYPE CHANGE TO (select ONE only): SIDA <input type="checkbox"/> CARGO SIDA <input type="checkbox"/> STERILE <input type="checkbox"/> AOA <input type="checkbox"/>	RAMP (NON-MOVEMENT) <input type="checkbox"/>

<input type="checkbox"/> NAME CHANGE Must present legal name change document, identification with new name, and the company's acknowledgement of the name change. (Examples of legal name change documents include marriage certificates or divorce decrees. Identification with the new name must meet the acceptable documents requirements).		
Previous Name:		
LAST NAME	FIRST NAME	MIDDLE NAME
New Name:		
LAST NAME	FIRST NAME	MIDDLE NAME
APPLICANT SIGNATURE (Original Signature Required)		DATE

<input type="checkbox"/> CHANGE OF ADDRESS/PHONE NUMBER			
Previous Address:			
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from physical address)	CITY	STATE	ZIP CODE
New Address:			
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from physical address)	CITY	STATE	ZIP CODE
Phone Number:			
PREVIOUS PHONE #	NEW PHONE #		

***** OFFICE USE ONLY - DO NOT FILL BELOW THIS LINE *****

Trusted Agent Authorization:	Date:
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