



**Ruiz Protective
Service, Inc.**

**3003 S. Service Rd. #A6
DFW Airport, TX 75261
Phone: 972-850-7952
Fax: 214-357-0838**

CONSENT AND NOTIFICATION FORM

Client:	Request Badge Type (check one): <input type="checkbox"/> ADE <input type="checkbox"/> Owner <input type="checkbox"/> Consultant <input type="checkbox"/> Tenant <input type="checkbox"/> Concessions
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Authorized Signature (required)

Please fill out the following information, and be prepared to provide a government-issued photo identification:

Employee Name:			
Last Name		First	M.I.
Current Address:			
Street		City/State	Zip
Date Of Birth (Month/Day/Year)	Govt. Issued ID #:	State Of Issue and Type:	

APPLICANT CONSENT: I understand and agree that Ruiz Protective Service, Inc. will verify all or part of the information I have given my employer/prospective employer. I understand that employees meeting the standards established by their employers and DFW will be issued a Badge bearing the employer's name, and a Confirmation number. RPS will maintain a web site where your employer can enter the Confirmation number and view a digital photo of the employee and the dates and results of the tests.

I understand and agree to the following:

1. My picture and name may appear on the RPS website.
2. I may be re-screened periodically for purposes of continued participation in the TRIP project or at the request of my employer or DFW Airport.
3. If at any time during participation I fail to meet the established standards set out by my employer or DFW, my participation in the Program may be suspended or eliminated.

By signing this form, I affirm that I am the person to whom the presented identification was issued.

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by RPS. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

Signature:

Date: