



Non-Employee Application for Credentials

(Permanent or Temporary)
REQUEST FOR UNESCORTED BADGE

ALL INFORMATION (EXCEPT SIGNATURES) MUST BE TYPED OR PRINTED CLEARLY
CITIZENSHIP: VERIFICATION AND ORIGINAL PROOF OF CITIZENSHIP REQUIRED
NOTE: SEE PAGE 3 OF 3 FOR ACCEPTABLE FORMS OF VERIFICATION OF CITIZENSHIP

PERSONNEL INFORMATION (Please print)

| | | | | |
|--------------------------|---|-------------------------|--|--|
| COMPLETE NAME: LAST | | FIRST | MIDDLE | SOCIAL SECURITY NUMBER |
| HOME ADDRESS | | CITY, STATE AND ZIPCODE | | COUNTY |
| DATE OF BIRTH (MM/DD/YY) | PLACE OF BIRTH (Copy of Birth Certificate Required) | | U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO | If "NO" to U.S. Citizen, complete the sections below |
| COUNTRY OF CITIZENSHIP | ALIEN REGISTRATION NO | PASSPORT NO | VISA NO AND TYPE | |

COMPANY AND ACCESS INFORMATION

| | | |
|--|-----------------|--|
| COMPANY REPRESENTED | | COMPANY ADDRESS |
| COMPANY TELEPHONE: | COMPANY CONTACT | PURPOSE FOR REQUESTING BADGE |
| FREQUENCY OF ACCESS (BE SPECIFIC) <input type="checkbox"/> Daily _____ thru _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> On Call | | HOURS OF ACCESS (BE SPECIFIC) <input type="checkbox"/> NORMAL BUSINESS HOURS (6:00 AM to 6:00 PM) <input type="checkbox"/> SHIFT(S): _____ 24 HR ACCESS REQUIRES JUSTIFICATION STATEMENT |
| IDENTITY MANAGEMENT INFORMATION <input type="checkbox"/> Boeing Computing Access Required (Create Boeing BEMS number) <input type="checkbox"/> Spirit Computing Access Required (Spirit CED Account Status = Active) | | REMOTE ACCESS and EMAIL REQUIREMENTS <input type="checkbox"/> Off-Site (Remote) Computing Access Only – Spirit Badge is NOT REQUIRED <input type="checkbox"/> Spirit Email Required - Spirit Computing Access must also be requested to get Email (Spirit CED Email Status = Active) [Sponsoring Business Unit will incur mailbox cost/yr] |

I HEREBY AUTHORIZE MY PRESENT OR ANY FORMER EMPLOYER OR ANY OTHER PARTY, INCLUDING ANY GOVERNMENT OR LAW ENFORCEMENT AGENCY TO RELEASE TO SPIRIT AEROSYSTEMS, INC. ANY AND ALL RECORDS OF MY SERVICE AND OTHER INFORMATION CONCERNING ME; EXCEPT THAT WHICH WOULD INDICATE AGE, RACE, CREED, COLOR, SEX, OR NATIONAL ORIGIN. FURTHER I HEREBY RELEASE THESE PARTIES FROM ALL LIABILITY FOR ANY DAMAGE, EXCEPT THAT RESULTING FROM MISREPRESENTATION, WHICH MIGHT RESULT FROM FURNISHING THE INFORMATION. I UNDERSTAND THAT FALSE STATEMENTS OR CONSEQUENTIAL OMISSIONS OF ANY KIND ARE SUFFICIENT GROUNDS FOR DENYING ISSUANCE OF CREDENTIALS.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____

SPIRIT FOCAL AND AUTHORIZED SPONSOR INFORMATION

| | | | |
|--|------------|--------------------|---------------|
| SPIRIT AEROSYSTEMS CONTACT FOCAL (TYPED NAME) | ORG NUMBER | EMPLID NO: | TELEPHONE NO: |
| Will this Visit require access to classified information? <input type="checkbox"/> YES <input type="checkbox"/> NO | | APPROVING SPONSOR: | |

DO NOT WRITE IN THIS SPACE (SECURITY USE ONLY)

CLEARANCE VERIFIED:

RETURN COMPLETED FORM TO: SECURITY K66-23
VISITORS MUST HAVE PHOTO TAKEN BEFORE BADGE CAN BE MADE

COMPLETE SEPARATE FORM FOR EACH CONVICTION

Under your current name or any other name, have you entered a plea of guilty or no contest or otherwise been convicted of a misdemeanor or felony offense against criminal, civil, or military law; or are you currently under charges (including deferred sentences) for any offense against criminal, civil or military law? A conviction record will not necessarily bar you from employment.

☐ YES

☐ NO

Complete entire form in blue or black ink. Answer each question and complete each box. If a question is inapplicable, mark "N/A". If the answer is "NO" or "None", please indicate. **Form is not complete until the form is dated and signed below.**

This record is for the confidential information of Spirit AeroSystems, Inc and/or agencies of the United States Government.

The Completed form must be signed and dated. Any false, misleading statements or omissions can result in denial of employment or may cause termination of employment.

| | | | | |
|---|--------------------------|---|---------------------------------------|--------------------------|
| FULL LEGAL NAME | | LAST | FIRST | MIDDLE |
| DATE OF BIRTH | | PLACE OF BIRTH | | SOCIAL SECURITY NUMBER |
| DATE CHARGED (MONTH, DAY, YEAR) | | | PLACE CHARGED (CITY, STATE, COUNTY) | |
| DATE CONVICTED (MONTH, DAY, YEAR) | | | PLACE CONVICTED (CITY, STATE, COUNTY) | |
| IF PRESENTLY CHARGED, BY WHOM: | | | NAME OF COURT IN WHICH CHARGED | |
| TYPE OF OFFENSE: | | | | |
| CONVICTION BY | <input type="checkbox"/> | PLEA OF GUILTY | <input type="checkbox"/> | TRIAL |
| ARE YOU AWAITING TRIAL? | | <input type="checkbox"/> | YES | <input type="checkbox"/> |
| NO | | DATE: | | |
| SENTENCE RECEIVED: | | If license suspended, for how long? | | |
| FINE: | | Cancelled or Revoked? | | |
| PROBATION TIME: | | ATTEND CLASSES: (AIS, Anger Mgmt, etc.) | | |
| JAIL TIME: | | PRE-TRIAL DIVERSION: | | OTHER: |
| PENAL INSTITUTION IN WHICH CONFINED: | | | | |
| DATE OF CONFINEMENT: | | DATE OF RELEASE: | | |
| DESCRIBE IN DETAIL THE EVENTS OF YOUR OFFENSE CHARGED OR CONVICTION: | | | | |
| <div style="height: 150px; border: 1px solid black;"></div> | | | | |
| DATE: _____ | | SIGNATURE: _____ | | |

Instructions: The purpose of this form is to assist in verifying your export control status. U.S. laws and regulations prohibit the unauthorized export of restricted technology to Foreign Persons. A Foreign Person is anyone who does not meet the definition of a U.S. person.

SECTION I – REQUIRED BY ALL

| | |
|----------------------------|-----------------------------|
| NAME (Last, First, Middle) | EMPLOYEE ID (IF APPLICABLE) |
| EMPLOYER | COUNTRY OF CITIZENSHIP |
| COMPANY REPRESENTED | OTHER CITIZENSHIP |
| SIGNATURE | COUNTRY OF RESIDENCE |

SECTION II – REQUIRED BY ALL

Individuals must hold one of the documents under U.S. Person to be treated as a U.S. Person

☐ **U.S. PERSON**

☐ **FOREIGN PERSON**

| | |
|--|---|
| <p><input type="checkbox"/> United States Passport (Expired or Unexpired)</p> <p><input type="checkbox"/> Certificate of U.S. Citizenship (N-560 or N-561)</p> <p><input type="checkbox"/> Certificate of Naturalization (N-550 or N-570)</p> <p><input type="checkbox"/> Permanent Resident Card (I-551 “Green Card”)</p> <p><input type="checkbox"/> Unexpired Foreign Person with I-151 Stamp</p> <p><input type="checkbox"/> Unexpired Temporary Resident Card (I-688) <i>not I-551 or I-688B</i></p> <p><input type="checkbox"/> Certificate of Birth Abroad issued by U.S. Dept. of State (FS-545 or DS-1350) or Report of Birth Abroad (FS-240)</p> <p><input type="checkbox"/> Original or Certified copy of Birth Certificate issued by a government (federal, state or municipal) agency bearing a seal or watermark determining birth in the U.S.</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> Check this box if “Certification Letter” is being provided to Spirit AeroSystems, Inc. Letter #: []</p> | <p><input type="checkbox"/> Employment Authorization Card (I-688A) Expiration Date: _____</p> <p><input type="checkbox"/> Employment Authorization Card (I-688B) Expiration Date: _____</p> <p><input type="checkbox"/> Employment Authorization Card (I-766) Expiration Date: _____</p> <p><input type="checkbox"/> Unexpired Foreign Passport (with I-94 if available) U.S. Visa category: _____ Expiration Date: _____</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> Check this box if “Certification Letter” is being provided to Spirit AeroSystems, Inc. Letter #: []</p> |
|--|---|

“I have viewed what appeared to be original proof documents along with a piece of government issued photo ID for the individual identified.”

| | | |
|-----------|-------------|-------|
| SIGNATURE | EMPLOYEE ID | DATE: |
|-----------|-------------|-------|

SECTION III – U.S. PERSONS ONLY

REPRESENTATIVE OF A FOREIGN PERSON, BUSINESS OR INTEREST

(Check all that apply)

☐ Acting in a management or operational role for a Foreign Person, Business or Interest?

☐ Acting in a governance role for a Foreign Person, Business or Interest?

☐ Acting in furtherance of U.S. Programs while resident abroad?

☐ Acting on behalf of a Foreign Person, Business or Interest?

☐ NOT APPLICABLE

If any boxes other than “Not Applicable” are checked, contact Export Administration for a determination of “Representative of a Foreign Person, Business or Interest” status. **THIS SECTION TO BE COMPLETED BY EXPORT ADMINISTRATION.**

| | | |
|------------------------|---|---|
| EXPORT USE ONLY | Export Administration Determination: | <input type="checkbox"/> Representative of Foreign Person, business or Interest |
| | | <input type="checkbox"/> Not a Representative of Foreign Person, business or Interest |
| | EXPORT ADMINISTRATION SIGNATURE | EMPLOYEE ID DATE: |