# Emergency Notification System Application

## Applicant Information *(To Be Completed by the Applicant)*

| First Name: | Last Name: |
|---|---|
| Company Name: | ☐ Add Applicant   ☐ Remove Applicant |

## Contact Groups: (*Mark the box that most closely describes your organization*)

| | | | |
|---|---|---|---|
| ☐ LGB Security Unit | ☐ Law Enforcement | ☐ TSA | ☐ Airline |
| ☐ City of Long Beach Airport | ☐ Airport Tenant/Stakeholder | ☐ Long Beach Fire Department | |

## Delivery Methods: *(Mark the Preferred Methods where notification will be sent)*

☐ **Text Message**   ☐ **Email**   ☐ **Landline**

| Cellphone Number: | Landline: | Email: |
|---|---|---|

To be completed by Authorized Signatory or Sponsoring Airport Tenant

By signing below, you acknowledge that the Applicant is authorized to receive ENS messages.

| Print Name: | Security I.D. Number: | Company: |
|---|---|---|
| Signature: | Date: | |

To be completed by Airport Security Official

| Airport Approval – To be completed by Airport Security Official | | |
|---|---|---|
| **Yes/No** | **Granted By** | **Completion Date (MM/DD/YYYY)** |
| | | |

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