

# KSC VISITOR TAA REQUEST

Fax No. 867-4854

Mail Code: KSC Badging Office

Phone No. 867-7763

Name (*last, first, mi*) \_\_\_\_\_

SSN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company Name \_\_\_\_\_

TAA Type: Yellow-Unescorted (needs PRP) \_\_\_ Pink-Escorted \_\_\_

TAA list numbers requested \_\_\_\_\_

Date of Visit: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name (*last, first, mi*) \_\_\_\_\_

SSN # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company Name \_\_\_\_\_

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TAA list numbers requested \_\_\_\_\_

Date of Visit: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

## Badging Official Information

Badging Authority Name (*printed*) \_\_\_\_\_

Badging Authority Company (*printed*) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Other No. \_\_\_\_\_

Badging Authority Signature \_\_\_\_\_

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