

# FedEx Security Vendor ID Request

☐ Original ☐ Renewal

## INSTRUCTIONS

- \* Use only **BLACK** ink or **BLACK** type.
- \* Complete ALL blanks. Use N/A if applicable, giving explanation when necessary
- \* Be sure to obtain ALL required signatures **X**
- \* For more information, type "IDBADGE" in Keyword field on the FedEx home page

If **Renewal**, old ID number \_\_\_\_\_

**MSCAA ID #** \_\_\_\_\_

**Date Fingerprinted** \_\_\_\_\_

### TO BE COMPLETED BY THE VENDOR APPLICANT

Applicant's Name		Height	Weight	Hair Color	Eye Color	Gender
Present Address	City	State	ZIP	Social Security Number	Present Telephone #(s)	
Drivers License Number	State License Issued	Emergency Contact Name		Emergency Contact Telephone		
Date of Birth	Place of Birth (City)	Place of Birth (State)		Place of Birth (Country)		

### PREVIOUS ADDRESS(ES) FOR LAST 10 YEARS, STARTING WITH MOST RECENT ADDRESS.

1. From \_\_\_\_\_ To **PRESENT** Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name Of Company You Represent	Name Of Company Manager/Supervisor			
Company Address	City	State	ZIP	Telephone Number
Billing Address	City	State	ZIP	Telephone Number
Applicant's Company Supervisor Signature ( <b>BLACK INK</b> ) <b>X</b>				Date _____

### CRIMINAL BACKGROUND CHECK

*In connection with applying for a FedEx Vendor Badge, your employer will obtain a criminal background check from a consumer reporting agency. By signing this form, you provide consent for your employer to obtain this criminal background check and to provide a copy to FedEx as part of its vendor badge approval process.*

In the last 10 years (7 years in CA, CO, KS, MA (5 years for misdemeanors), MD, MT NH, NM, NV, NY, TX and WA), have you been convicted of or pleaded to a crime or other offense, excluding traffic and parking tickets? **Yes** ☐ **No** ☐. Include military service convictions, guilty pleas of no contest or nolo contendere. If yes please explain.

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### Agencies approved to conduct background checks for vendors:

First Advantage (formerly Lexis Nexis)	800-640-4772
Blue Line Investigations	901-266-7100
National Information Agency	901-521-6763
Carco Group Inc.	800-645-4556

### FEDEX STATUS

Have you been a FedEx employee? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If Yes, provide previous FedEx employee ID#:
Give previous FedEx job position(s): _____	

Applicant's Signature ( <b>BLACK INK</b> ) <b>X</b>	Date _____
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### Vendor ID Request Form Vendor and FedEx requesting

**NOTE:** Vendor IDs expire one (1) year from date issued. For renewal, the Vendor or his/her company must submit the department are responsible for the actions of the Vendor while Vendor is on FedEx property and for return of expired or terminated card within five (5) business days from receipt of new card or termination date. Any lost or stolen Vendor ID must be reported to FedEx Security at 901 797-7278.

### TO BE COMPLETED BY FEDEX REQUESTING MANAGER

FedEx Company: <input type="checkbox"/> Corporate <input type="checkbox"/> Express <input type="checkbox"/> Trade Networks <input type="checkbox"/> Services <input type="checkbox"/>		
Date Completed Form Sent To Security	Requesting Department's Name	Comail Address
Physical Address Where Vendor Will Be Working ( <b>NOT 3-LTR ID</b> )		Is FedEx Ramp Access Required? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Manager's Name	ID Number	Telephone
Manager's Signature <b>X</b>		Date _____

### TO BE COMPLETED BY SECURITY

Security Approved? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Badge Expiration Date	Serial # (CIS Provides)	Security Signature	Date
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