



**OFFICIAL USE ONLY**

**Select Badge Type (Circle):**

SIDA		STERILE		AOA	
Escort Authority	Y / N	Controlled Door Access	Y / N	Airfield Gate Access	Y / N
SIDA Door Access	Y / N	Escort Authority	Y / N	Escort Authority	Y / N
Airfield Gate Access	Y / N				

**Select Badge Options (Circle):**

Airfield Gate Card	Y / N	Movement (Airfield) Driving	Y / N
Airfield Gate Key	Y / N	Non-Movement (Ramp) Driving	Y / N
		NONE	Y / N

*My signature certifies that I have reviewed this application. This individual is an employee or tenant and is eligible to apply for a SAW ID Media.*

**Signatory Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**STA** Date Sent: \_\_\_\_\_ By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Badge #: \_\_\_\_\_ Type: \_\_\_\_\_ Access Card #: \_\_\_\_\_

Key #: \_\_\_\_\_ Code #: \_\_\_\_\_

*I verify that I.D. requirements outlined in Federal Form I-9 List of Acceptable Documents) have been met by this applicant.*

\_\_\_\_\_  
(Airport Operator's Signature)

\_\_\_\_\_  
(Date)

Criminal History Records Check (CHRC) Date: \_\_\_\_\_ Approved: Y N Initials: \_\_\_\_\_

Security Threat Assessment (STA) Date: \_\_\_\_\_ Approved: Y N Initials: \_\_\_\_\_

Security Training (SIDA, Sterile, AOA) Date: \_\_\_\_\_ Approved: Y N Initials: \_\_\_\_\_

Driver's Training (Movement Area) Date: \_\_\_\_\_ Approved: Y N Initials: \_\_\_\_\_

Ramp Access Training (Non-Movement) Date: \_\_\_\_\_ Approved: Y N Initials: \_\_\_\_\_

Badge Issued by: \_\_\_\_\_ Date Issued/Renewed: \_\_\_\_\_