



Airport Services Center: 125 G Avenue • Gwinn, MI 49841 • www.sawyerairport.com

****AUTHORIZED SIGNER INFORMATION****

Name (Print): _____
Last First Middle

Company: _____

Office #: _____ Cell #: _____ Email: _____

I. Authorized Signatory ONLY (No Badge to be Issued) Yes / No

II. AIRSIDE Airport Badge (SIDA, STERILE, AOA)

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				
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: _____

OFFICE USE ONLY

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: _____