

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	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: _____

OFFICE USE ONLY	
STA	Date Sent: _____ By: _____ Date Approved: _____
	Badge #: _____ Type: _____ Access Card #: _____
	Key #: _____ Code #: _____
<i>I verify that I.D. requirements outlined in Federal Form I-9 List of Acceptable Documents) have been met by this applicant.</i>	
_____	_____
(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: _____