

BADGE # _____

PIEDMONT TRIAD INTERNATIONAL AIRPORT

CONTROL # _____

AOA Badge Authorization Form

PERSONAL DATA

Emergency Access: Yes ___ No ___

NAME: _____
 First *M.* *Last* *(Nickname)*

_____/_____/_____/ _____/_____/_____/ M ___ F
SOCIAL SECURITY # DATE OF BIRTH SEX

Home Address

City State Zip

HAIR COLOR: _____ EYE COLOR: _____

WEIGHT: _____ HEIGHT: _____ ft. _____ inches

Training Information

I have read the AOA Training Guide and I understand and accept all of my security Responsibilities.

Employee Signature

Secure Key Card

Card # _____

EMPLOYMENT INFORMATION

EMPLOYER: _____ EMPLOYER PHONE#: _____

AOA Training Guide Issued Date: _____ Employee Signature: _____

Revised 04/12/10

EMPLOYMENT CERTIFICATION

I CERTIFY THAT _____, AN EMPLOYEE OF _____, HAS HAD THE 5 YEARS BACKGROUND EMPLOYMENT INVESTIGATION PERFORMED AS REQUIRED BY THE AIRPORT SECURITY PROGRAM (ASP). EMPLOYEE WILL BE ISSUED AN AOA BADGE WHICH DOES NOT GIVE THEM ACCESS TO THE SIDA/STERILE AREA.

It is understood that the requesting agency assures all responsibility for proper identification (per ASP) and the validity of the background investigation of the aforementioned employee.

PRINT NAME

SIGNATURE

TITLE/POSITION

DATE

PAYMENT APPROVAL

Please sign if Company is to be billed

AUTHORIZED SIGNATURE

It is the responsibility of the employer to

1. Retrieve AOA Badges from terminated employees
2. Immediately notify the Airport Authority Records Office or Airport Central of an employee termination, so that access is denied to the employee.
3. Submit Notification of Terminated Employee Card and the retrieved AOA Badge to the Airport Authority Records Office.
4. **EMPLOYERS WILL BE CHARGED \$150 FOR ANY UNRETURNED AOA BADGES.**