

BADGE # _____

PIEDMONT TRIAD INTERNATIONAL AIRPORT

CONTROL # _____

CARGO/SIDA Area Badge Authorization Form

PERSONAL DATA

Name: _____
 First M. Last (Nickname)

_____/_____/_____
Social Security # Date of Birth

Address City State Zip

Sex [M/F] _____ Eye Color: _____ Height _____ Weight _____

Employer: _____ Phone #: _____

Pin Number: _____

Federal Regulations Under 49 TSR 1542.209 (1) impose a continuing obligation to disclose to the Airport Operator within 24 hours if you have been convicted of any disqualifying criminal offense that occurs while you have unescorted access authority.

The information I have provided on this application is true, complete and correct to the best of my knowledge and belief is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both.

Print Name Signature Date

SIDA TRAINING INFORMATION

Date of Training: _____

Instructor/Verified By: _____

Emergency Access: Yes ___ No ___

Secure Key Card #: _____

Please Check Appropriate Gate

- Menlo Gate _____
- North Service Gate _____
- North Perimeter Gate _____
- South Service Gate _____
- South Perimeter _____
- Atlantic Aero (fuel) _____
- Atlantic Aero (parking) _____
- Piedmont Hawthorne _____
- Fire Department _____
- Cargo Building 1 _____
- JP/BDR Gate _____
- Baggage Claim Gates _____
- VF Hangar Gate _____

Revised 07/28/05

EMPLOYMENT FINGERPRINT/CRIMINAL CERTIFICATION AIRPORT USER

Date Fingerprinted: _____ Date Mailed/Transmitted : _____,
Date Received: _____ Status Approved _____ Not Approved _____
Airport Authority Authorized Signature: _____ Date: _____

I certify that _____, is an employee of _____.

PRINT NAME

SIGNATURE

TITLE/POSITION

DATE

AIR CARRIER/OTHER

I certify that _____, an employee of _____ have completed all requirements as required by 49 TSR 1544.229. This include having a full set of fingerprints taken and submitted to DOJ/FBI for a CHRC with results being returned in a favorable status.

It is understood that the requesting Agency assures all responsibility for the validity of any an all unfavorable criminal offenses of the aforementioned employee. In no way does the Airport Operator accept or bear any of this obligation.

PRINT NAME

DATE

SIGNATURE

TITLE/POSITION

PAYMENT APPROVAL
Please sign if Company is to be billed

Authorized Signature