

BADGE # \_\_\_\_\_

# PIEDMONT TRIAD INTERNATIONAL AIRPORT

CONTROL # \_\_\_\_\_

## SECURED Area/SIDA 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 01/26/07*

### 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**