BADGE # _____ **PIEDMONT TRIAD INTERNATIONAL AIRPORT**

CONTROL #_____ **STERILE AREA BADGE AUTHORIZATION FORM**

PERSONAL DATA

Name: _____
First Middle Last (Nickname)

_____/_____/_____ _____/_____/_____
Social Security # Date of Birth

_____
Address City State Zip

Hair Color:____ Eye Color: _____ Height _____ Weight _____

Employer: _____ Phone #: _____

_____

TRAINING INFORMATION

Training Guide Issued: Yes __ No __
I have read the Sterile Area Training Guide and I understand and accept my security responsibilities.

_____
Employee Signature

Federal Regulations Under TSR 49 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 SIGNUATURE DATE

EMPLOYMENT CERTIFICATION

I Certify that _____, an employee of _____ has been fingerprinted and FAVORABLE results have been received.

Request for a Sterile Area Badge to be issued. This badge will not provide access to the AOA Secured/SIDA areas.

_____ _____
Authorized Signature **Date**

_____
Title/Position

PAYMENT APPROVAL
Please sign if Company is to be billed

_____
Authorized Signature

TERMINATED EMPLOYEES

It is the responsibility of the employer to

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

Revised 04/12/10