PIEDMONT TRIAD INTERNATIONAL AIRPORT

BADGE # _____ **SECURED Area/SIDA Badge Authorization Form**

ESCORT: Yes___ No___

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.

SIDA TRAINING INFORMATION

Date of Training: _____/_____/_____

Instructor/Verified By: _____

Emergency Access: Yes ___ No __

Gate Card: Yes_____ No _____

RUNWAY/DRIVERS TRAINING

Date of Training: ____/____/_____

Instructor: _____

Vehicle on Badge

____Yes ____ No

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***

EMPLOYMENT VERIFICATION

I certify that _____, is an employee of _____.
Employee Name ***Company Name***

and is authorized to be fingerprinted and receive a Secured Area/SIDA Badge.

_____ _____
SIGNATORY AUTHORITY PRINT NAME ***SIGNATORY AUTHORITY SIGNATURE***

_____ _____
COMPANY NAME ***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.

_____ _____
SIGNATORY AUTHORITY PRINT NAME ***DATE***

_____ _____
SIGNATORY AUTHORITY SIGNATURE ***TITLE/[POSITION***

PAYMENT APPROVAL
Please sign if Company is to be billed

_____
Authorized Signature

Revised 01/18/12