

WILL ROGERS WORLD AIRPORT SECURITY BADGE APPLICATION FORM

Badge Office Use Only
Badge #
Badge Date
Badge Staff Initials

Section 1: To Be Completed by Badge Applicant – MUST BE TYPED			
BADGE TYPE: AOA BAI	DGE □ SIDA BADG	E	
□ <u>INITIAL BADGE</u> □ <u>REBAD</u>	GE LOST STOLEN	□ <u>DESTROYED</u> □ <u>NAME CHANGE</u>	
COMPANY:NAME ON BADO	SECONDA	ARY:SUBCONTRACTOR'S NAME	
NAME:	MIDDLE	LAST	
		en, Married, Divorced, Adopted, etc.)	
FIRST	MIDDLE	LAST	
FIRST	MIDDLE	LAST	
FIRST	MIDDLE	LAST WORK	
HOME STREET		PHONE	
ADDRESS	STATE ZIP	PHONE	
CITY		(HOME OR CELL)	
SS#	MALE □ FEMALE	DOB	
STATE OF BIRTH: COUNTRY OF BIRTH			
CITIZENSHIP COUNTRY			
Section 2: To Be Completed Only by SIDA or STERILE Area ID Badge Applicants to be Fingerprinted			
RACE: □ WHITE/LATINO □ BLACK □ ASIAN □ NATIVE AMERICAN □ UNKNOWN			
EYES: HAIR:	HEIGHT:	WEIGHT:	
	holding a Security Identification	Display Area (SIDA) badge may be screened at	
	and willful false statement can b	of my knowledge and belief and is provided in e punished by fine or imprisonment or both.	
Employee Signature:		Date:	

I here	eby certify has a need for access to areas Applicant's Full Legal Name (<u>Must be Typed)</u>		
of the	Applicant's Full Legal Name (<i>Must be Typed</i>) e Airport where access is controlled for security reasons. I also attest applicant acknowledges their security onsibilities under 49 CFR §1540.105(a).		
I furt	her certify: (initial only applicable lines)		
AOA	• Applicant requires unescorted access to the Air Operations Area (AOA) [other than the Security Identification Display Area (SIDA)]. <u>Initials</u> :		
SIDA	 Applicant requires unescorted access to the SIDA. <u>Initials</u>: I authorize the Airport to Submit / or Resubmit the Applicant's Fingerprints for an Initial or Recurrent Criminal History Records Check. <u>Initials</u>: 		
STERILE	 Applicant requires a STERILE Area Identification Badge. <u>Initials</u>: I authorize the Airport to Submit / or Resubmit the Applicant's Fingerprints for an Initial or Recurrent Criminal History Records Check. <u>Initials</u>: 		
AIR CARRIER	Applicant is enrolled in Rap Back and is in compliance with 49 CFR §1544.229. <u>Initials:</u> Fingerprint Case # Date Enrolled: will immediately notify the Airport if the Rap Back certification is withdrawn. Agency Code Initials:		
GOV	Applicant is a government employee and, as a condition of employment, has undergone an employment investigation which includes a criminal records check. <i>Initials</i> :		
	d Name of Authorized Signatory bure of Authorized Signatory Date		
Sign	natory Requests (i.e., type of access or badge expiration date):		

Section 3: To Be Completed by Company Authorized Signatory

Application Must Be Presented to Badge Office within Thirty (30) Days of Authorized Signatory Date