

**INDIANAPOLIS INTERNATIONAL AIRPORT
ID BADGE APPLICATION**



Indianapolis Airport Authority

Print Legibly

Section I – Applicant

Last Name: _____ First Name: _____ Middle: _____
Maiden Name/Alias: _____ **Social Security Number:** _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Gender: _____
Date of Birth: _____ Place of Birth: _____ Citizenship: _____
Residence Address: _____
Address City/State/Zip: _____ Daytime Phone Nr: _____
Non-Immigrant Visa Number: _____ Alien Registration Number: _____
Driver's License Number: _____ State: _____ Expiration Date: _____
Company Name: _____ Job Title: _____ Date of Hire: _____

Applicant's Security Responsibility Agreement

1. I will not allow anyone else to use my ID Badge or access key.
2. I will wear my ID Badge on my outermost garment at all times when in the secured area.
3. I will challenge and report any individual who is not displaying an ID badge in the secured/restricted area to the Airport Police Department.
4. I will ensure proper closing and locking of any SIDA/AOA door or gate I used.
5. I will not allow anyone to follow me or my vehicle through any SIDA/AOA gate or door.
6. I will report the theft or loss of my ID badge or key immediately to the Badging Office or Airport Police Department.
7. I will report immediately and security violations I witness to the Airport Police Department or Airport Operations Department.
8. I will immediately return my Airport ID badge to my supervisor, Badging Office or Airport Police Department upon termination of my employment.
9. I am required to disclose to the Airport Operator within 24 hours any future convictions of any disqualifying crimes.
10. I understand that I am subject to search of my person, vehicle and accessible property while on airport property.
11. Having an Airport issued badge is a privilege. Being issued the badge, you acknowledge by personal signature receipt of the badge, receipt of educational awareness program briefing by Airport Representatives and a full understanding of your responsibilities and obligations in regard to helping maintain a secure environment at the Airport.

The information I have provided is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (See Section 1001 of Title 18 of the United States Code)." I have read the above security procedures and I understand that failure to comply with any of them may result in the revocation of my ID badge or key, which means that I will not be allowed access to the security controlled areas of the airport.

Applicant's Signature _____ Date Signed _____

Section II - Company Information and Certification

Badge Type: [] SIDA [] Sterile Area [] AOA **SIDA/AOA Motor Vehicle Operator:** [] Yes [] No **Escort:** [] Yes [] No

I certify that this applicant is currently employed by our company or agency.

Signatory Agent's Printed Name: _____ Title: _____ Phone #: _____

Signatory Agent's Signature: _____ Date: _____

Section III - Criminal History Record Check (CHRC) Verification

I certify that a 10-Year fingerprint-based CHRC has been conducted in accordance with Transportation Security Regulation 1542.209 or 1544.209.

OPM/TSA Case Number _____ Fingerprint Date _____

Section IV - Airport Badging Office Use ONLY

Two forms of identification presented: [] Driver's license [] State ID [] Military ID [] Passport
[] Social Security Card [] Birth Certificate [] Other

Issued Badge Number _____ Issue Date _____ Issuer's Initial _____

This applicant had completed the SIDA/AOA training in accordance with the TSA Approved curriculum cited in the Airport Security Program.

Instructor/Verified by: _____ Signature _____ Date _____