

LAN

AIRPORT ID AND/OR ACCESS APPLICATION

This is a multi-purpose application. Complete all sections that apply. Missing information could result in delays associated with the processing of this application for airport access.

Section 1 - Applicant Information - REQUIRED

| | | |
|--|---------------|------------|
| Full Name | | |
| (First) | (Full Middle) | (Last) |
| Home Address | | Apt. # |
| City | State | Zip |
| Business Phone | Home Phone | Cell Phone |
| E-mail Address | | |
| Do you hold another LAN Airport Access Badge with a company not listed below? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If so, list company. | | |
| Have you ever had a LAN badge? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Section 2 – Airport Employer - REQUIRED IF NOT HANGAR TENANT

| | | |
|--|-----------------|-----|
| Employer or Tenant | | |
| Mailing Address | | |
| City | State | Zip |
| Office Phone | Supervisor Name | |
| Hire Date: | | |
| Subcontractors List Name of Sponsoring Company | | |

Section 3 – Personal Information - REQUIRED

| | | | | | |
|--|--------------------|------|--------------------------------|------------|-----|
| Birth Date (MM/DD/YYYY) | / | / | Place of Birth (State/Country) | / | |
| Country of Citizenship | | | | | |
| (If citizenship country is different than the U.S., must provide record of either Alien Registration # or Non-Immigrant Visa #) | | | | | |
| Alien Registration Number (if applicable) | | | Expiration | | |
| Non-Immigrant Visa Number (if applicable) | | | Expiration | | |
| Gender | Race | Eyes | Hair | Ht. | Wt. |
| Job Title | Driver's License # | | State. | Expiration | |
| I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12 th Street, Arlington, VA 22202. | | | | | |
| I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both. | | | | | |
| Signature: | | | | | |
| SSN and Full Name: | | | | | |

Section 4 - Hangar Tenant or Pilot Information

| | |
|-------------------------------------|----------|
| Hangar Address | Hangar # |
| Name of Hangar Tenant or Sub-tenant | |
| Pilot License # | |

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 at <http://uscode.house.gov/search/criteria.shtml>).

| | |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

Section 5 – Employer Section

(Signatory Authority must be approved and on file with the Airport Operation Center)

| | | | |
|---|------------|-------------|--|
| Official Company Name | | Department | |
| Street Address | | | |
| Mailing Address | | | |
| City | State | Zip | |
| Signatory Authority (please print name) | | | |
| E-mail Address | | | |
| Office Number | Fax Number | Cell Number | |

I have indicated below that a fingerprint based CHRC be performed on the applicant. A fingerprint application must be completed by the applicant.

_____ I have authorized this individual to undergo a fingerprint based CHRC (Please initial if needed)

By my signature I certify: that I am an authorized representative of the above named employer and as such may execute (sign) this application; that the foregoing information is true, accurate and all information is verified; that the above named employer authorized an electronic fingerprint be obtained for the purpose of performing a criminal history record check; and is responsible for all applicable fees and charges; and that the employee's Airport Access Badge will be returned upon request, termination, or when access is no longer required; that the above named employee is required to have access to secure areas of 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 at <http://uscode.house.gov/search/criteria.shtml>).

| | |
|----------------------------|-------------|
| Signatory Authority | Date |
|----------------------------|-------------|

(MUST BE AN AUTHORIZED SIGNER ON FILE WITH AIRPORT OPERATIONS)

TRUSTED AGENT (Print in black ink only)

By my signature I certify: that I am authorized to approve this application; that the above named employer is required to have employees with unescorted access to secure and/or sterile areas of the Capital Region Airport Authority. I have personal knowledge of the employer and the employer's need to have employees access secure and/or sterile areas of the Airport. I authorize the issuance of an Airport Access Badge as indicated: (check one badge color; check expiration date; and add Access Level (s) if applicable). This application expires within 30 days from the date of my signature. 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 at <http://uscode.house.gov/search/criteria.shtml>).

RED ORANGE YELLOW GREEN ACCESS MEDIA AOA Driving
 AOA ACCESS SIDA Area Sterile Area Tenant AOA Non-SIDA Restricted Driving
 NEW RENEWAL RETURN LOST/STOLEN DISABLED/NOT RETURNED _____
 NO driving

Access Level: _____ **Fingerprint:** _____

Badge #: _____ **SIDA Training:** _____

Date Issued : _____ **AOA Training:** _____

AirportPersonID: _____ 2 YEAR
Expiration : _____

| |
|--------------------------------|
| Date |
| Trusted Agent Signature |