



**CAPITAL REGION
INTERNATIONAL AIRPORT**

***Operations Department
AIRPORT ID BADGE 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) (Middle) (Last)

Previous Names or Alias _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Day Phone _____ Email Address _____

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 _____

Do you possess another LAN Airport Access Badge with a company not listed below? YES NO
If so, list company. _____

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 2 - Hangar Tenant Information

Hangar Address _____ Hangar # _____

Name of Hangar Tenant/Owner _____

Aircraft Tail # _____

Section 3 - Employer & Authorized Signatory

Employer (Airport Tenant, Contractor or Vendor) _____

Sub-tenant/ Sub-contractor (If applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell Phone _____

Signatory Authority (please print name) _____ Email: _____

Driving Privileges _____

Escort Privileges _____

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)

Section 4 – To be filled out by a Trusted Agent

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 employee's 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>).

- | | | | | | |
|--------------------------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> RED All Access | <input type="checkbox"/> ORANGE SIDA/Sterile | <input type="checkbox"/> YELLOW Sterile Area | <input type="checkbox"/> GREEN AOA | <input type="checkbox"/> BLUE SW-T's | <input type="checkbox"/> BROWN Cargo SIDA and AOA |
| <input type="checkbox"/> NEW | <input type="checkbox"/> RENEWAL | <input type="checkbox"/> RETURN | <input type="checkbox"/> LOST/STOLEN | <input type="checkbox"/> DISABLED/NOT RETURNED _____ | |

| | |
|---------------------------------|--------------------------------------------------|
| Access Level: _____ | Fingerprinted Date: _____ |
| Badge #: _____ | Enrolled in Rapback: Yes NO |
| Date Issued: _____ | Fingerprint Resubmission Date: _____ |
| Expiration Date: _____ | CHRC Approval Date and TA Initials: _____ |
| Airport Person ID: _____ | STA Submittal Date: _____ |
| | STA Approval Date and TA Initials: _____ |
| | SIDA Completion Date: _____ |

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