



**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 Time Phone			E-mail 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 a LAN ID badge for a company other than the one listed in Section 3? <input type="checkbox"/> YES <input type="checkbox"/> 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
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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)			
E-mail Address			
Driving Privileges: <input type="checkbox"/> Movement <input type="checkbox"/> Non-Movement <input type="checkbox"/> None			
Escort Privileges: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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
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(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>).

- RED All Access
 ORANGE SIDA/Sterile
 YELLOW Sterile Area
 GREEN AOA
 BLUE SWT's
 BROWN Cargo SIDA and AOA

NEW RENEWAL RETURN LOST/STOLEN DISABLED/NOT RETURNED _____

Access Level: _____ **Fingerprint:** _____

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

Date Issued: _____ **Expiration:** _____

AirportPersonID: _____

Date
Trusted Agent Signature