



**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 unescorted access to secure areas of the Airport. The above named employee acknowledges their security responsibilities under 49 CFR 1540.105(a). 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 SW-T's BROWN Cargo SIDA and AOA
- NEW RENEWAL RETURN LOST/STOLEN 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