

**INDIANAPOLIS INTERNATIONAL AIRPORT
ID BADGE APPLICATION**

Revision: 06-18

Print Clearly

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: _____
(Birth outside US - one of the following IDs required: Passport, Cert of Naturalization, PRC, DS1350, FS545 or FS240)
Residence 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 report the theft or loss of my ID badge or key immediately to the Security/Badging Office or Airport Police Department.
2. I will immediately return my Airport ID badge to my supervisor, Security/Badging Office or Airport Police Department upon termination of my employment.
3. I am required to disclose to the Airport Operator within 24 hours any future convictions of any disqualifying crimes.
4. I understand that I am subject to search of my person, vehicle and accessible property while on airport property.
5. Having an Airport issued badge is a privilege. Being issued the badge, I acknowledge by personal signature receipt of the badge and a full understanding of my responsibilities under 49 CFR 1540.105(a) and obligations to 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: _____

Applicants should bring this application form to the badging office within two weeks of it being signed by the Signatory Agent.

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 _____