



Indianapolis Airport Authority

BADGE APPLICATION

Section I – Applicant (PRINT CLEARLY)

Last Name(s): _____

First Name(s): _____

Full Middle Name(s): _____

Maiden Name(s)/Alias: _____

Date of Birth: _____

Social Security #: _____

Address: _____

City / State / Zip: _____

Place of Birth: _____

Phone Number: _____

Hair Color: Bald Black Blonde Brown Grey Red White

Eye Color: Green Blue Brown Hazel Grey

Height: _____ ft. _____ in.

Weight: _____ lbs.

Gender: M F

Citizenship: _____

Alien Registration Number: _____

I-94 / Other #: _____

Job Title: _____

Company: _____

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 and/or imprisonment (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 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.

SCREENING NOTICE: Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Applicant’s Signature: _____ Date: _____

Section II - Company Information and Certification (to be filled out by Signatory Agent)

Badge Type: SIDA Sterile

SIDA/AOA Motor Vehicle Operator: YES NO

Escort: YES NO

IAA Employee Fitness Center *(AA Employees Only)*

Customs Seal

I certify that this applicant is currently employed by our company or agency and requires an airport ID:

Signatory Agent’s Printed Name: _____ Phone #: _____

Signatory Agent’s Signature: _____ Date: _____

Bring form to the Badging Office within 30 days of it being signed by the Signatory Agent.

Section III - Airport Badging Office Use ONLY

Identification: Driver’s License State ID Military ID Passport Social Security Card Birth Certificate Other

Issued Badge Number _____ Issue Date: _____ Issuer’s Initials: _____