

**INDIANAPOLIS INTERNATIONAL AIRPORT  
ID BADGE APPLICATION**

Revision: 07-19

**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 #: \_\_\_\_\_  
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 \_\_\_\_\_

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.

**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 and requires an airport ID:

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**

**Identification:** [ ] Driver's license [ ] State ID [ ] Military ID [ ] Passport [ ] Social Security Card [ ] Birth Certificate [ ] Other

Issued Badge Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Issuer's Initials \_\_\_\_\_