



**Section 3: To Be Completed By Company Authorized Signatory**

I hereby certify \_\_\_\_\_ has a need for access to areas  
Applicant's Full Legal Name (*Printed*)

of the Airport where access is controlled for security reasons. I also attest applicant acknowledges their security responsibilities under 49 CFR §1540.105(a).

I further certify: (*initial only applicable lines*)

- Applicant requires unescorted access to the **Air Operations Area (AOA)** [other than the Security Identification Display Area (SIDA)]. **Initials:** \_\_\_\_\_

- Applicant requires unescorted access to the **SIDA**. **Initials:** \_\_\_\_\_
  - I authorize the Airport to Submit / or Resubmit the Applicant's Fingerprints for an Initial or Recurrent Criminal History Records Check. **Initials:** \_\_\_\_\_

- Applicant requires a **STERILE** Area Identification Badge. **Initials:** \_\_\_\_\_
  - I authorize the Airport to Submit / or Resubmit the Applicant's Fingerprints for an Initial or Recurrent Criminal History Records Check. **Initials:** \_\_\_\_\_

- Applicant has undergone a criminal history records check compliant with 49 CFR §1544.229. **Initials:** \_\_\_\_\_  
Fingerprint Case # \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Date Received: \_\_\_\_\_

- Applicant is a government employee and, as a condition of employment, has undergone an employment investigation which includes a criminal records check. **Initials:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Authorized Signatory

\_\_\_\_\_  
Signature of Authorized Signatory

\_\_\_\_\_  
Date

Signatory Requests (i.e., type of access or badge expiration date): \_\_\_\_\_  
\_\_\_\_\_

**Application Must Be Presented to Badge Office within Thirty (30) Days of Authorized Signatory Date**