

Section 3: To Be Completed by Company Authorized Signatory

I hereby certify _____ has a need for access to areas
Applicant's Full Legal Name (*Must be Typed*)

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*)

AOA	<ul style="list-style-type: none">Applicant requires unescorted access to the Air Operations Area (AOA) [other than the Security Identification Display Area (SIDA)]. Initials: _____
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SIDA	<ul style="list-style-type: none">Applicant requires unescorted access to the SIDA. Initials: _____<ul style="list-style-type: none">I authorize the Airport to Submit / or Resubmit the Applicant's Fingerprints for an Initial or Recurrent Criminal History Records Check. Initials: _____
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STERILE	<ul style="list-style-type: none">Applicant requires a STERILE Area Identification Badge. Initials: _____<ul style="list-style-type: none">I authorize the Airport to Submit / or Resubmit the Applicant's Fingerprints for an Initial or Recurrent Criminal History Records Check. Initials: _____
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AIR CARRIER	<ul style="list-style-type: none">Applicant is enrolled in Rap Back and is in compliance with 49 CFR §1544.229. Initials: _____ Fingerprint Case # _____ Date Enrolled: __________ will immediately notify the Airport if the Rap Back certification is withdrawn. Agency Code _____ Initials: _____
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GOV	<ul style="list-style-type: none">Applicant is a government employee and, as a condition of employment, has undergone an employment investigation which includes a criminal records check. Initials: _____
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Printed Name of Authorized Signatory

Signature of Authorized Signatory

Date

Signatory Requests (i.e., type of access or badge expiration date): _____ _____
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Application Must Be Presented to Badge Office within Thirty (30) Days of Authorized Signatory Date