



**WILL ROGERS WORLD AIRPORT**  
**SECURITY BADGE APPLICATION FORM**

Badge Office Use Only
Badge # _____
Badge Date _____
Badge Staff Initials _____

**Section 1: To Be Completed by Badge Applicant – MUST BE TYPED**

**BADGE TYPE:**     AOA BADGE             SIDA BADGE             STERILE BADGE  
 INITIAL BADGE    REBADGE    LOST    STOLEN    DESTROYED    NAME CHANGE

COMPANY: \_\_\_\_\_ SECONDARY: \_\_\_\_\_  
NAME ON BADGE SUBCONTRACTOR'S NAME

NAME: \_\_\_\_\_  
FIRST                          MIDDLE                          LAST

ALIASES: (Please list any previous names such as Maiden, Married, Divorced, Adopted, etc.)

\_\_\_\_\_  
FIRST                          MIDDLE                          LAST

\_\_\_\_\_  
FIRST                          MIDDLE                          LAST

\_\_\_\_\_  
FIRST                          MIDDLE                          LAST

HOME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
STREET

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY                      STATE                      ZIP (HOME OR CELL)

SS#: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

CITIZENSHIP COUNTRY: \_\_\_\_\_

**Section 2: To Be Completed Only by SIDA or STERILE Area ID Badge Applicants to be Fingerprinted**

RACE:    WHITE/LATINO     BLACK     ASIAN     NATIVE AMERICAN     UNKNOWN

EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SCREENING NOTICE: By accessing a Sterile or Secured Area, I consent to screening and to the search of my person and accessible property for unauthorized weapons, explosives, and incendiaries. Non-Compliance could result in penalties which may include confiscation of my airport-issued ID badge and/or revocation of unescorted access authority.

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).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Double Sided Only and Take to Your Company Authorized Signatory – DO NOT FOLD**

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*)

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