

Employer _____ Applicant Name _____

BADGE ISSUANCE AUTHORIZATION

I understand this application must be completed and reviewed prior to authorizing it. I affirm that this individual has a verifiable need to have an MBS Airport ID badge. I have made my employees aware of the Security Rules and procedures at MBS and acknowledge responsibility for any TSA fines levied against MBS International Airport, which are caused by the failure of one of my employees to adhere to the MBS Security Program. I understand that failure to comply with the requirements of this section will result in the termination of my authorizing authority, access privileges, and possible TSA Civil Penalties.

AIR CARRIERS ONLY: I verify that the individual has undergone a Criminal History Record Check (CHRC) in accordance with the requirements of 49 CFR 1544.229 or 1544.230, and a copy of the Privacy Act Notice was provided to the employee. I affirm that sufficient administrative records regarding the CHRC are available for inspection by the TSA and are maintained by my company.

CHRC Case Number: _____

Date CHRC Sent: _____ Date CHRC Returned: _____ Disqualifying Crimes? (yes or no) _____

Authorizing Signature _____ Print Name _____ Date _____

BADGE COLORS & ASSOCIATED AREAS:

- _____ RED "SIDA" (Secured/SIDA/AOA/Sterile Areas) _____ Escort Privileges
- _____ BLUE "AOA" (Non-SIDA, AOA Only) _____ Access to DASSP Area
- _____ GREEN "Agricultural"
- _____ ORANGE "Construction" (Secured/SIDA/AOA/Sterile Areas)
- _____ PURPLE "Construction" (Non-SIDA, AOA Only)
- _____ PARKING Parking Lot Only (Employee Parking Lot)

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.

THIS PERSON HAS A NEED TO OPERATE A VEHICLE ON THE:

- _____ Non-Movement Area (Ramps and Perimeter Roads)
- _____ Movement Area (Runways and Taxiways)

<u>AIRPORT USE ONLY -</u>		
Criminal History Records Check: Sent _____	Returned _____	Disqualifying Crimes YES/NO _____
Security Threat Assessment Check: Sent _____	Returned _____	PASS/FAIL _____
I CERTIFY THAT APPLICANT SATISFACTORILY COMPLETED 1542.213 SECURITY TRAINING.		
TRAINER _____	DATE _____	
I CERTIFY THAT APPLICANT HAS RECEIVED MA/NMA (CIRCLE ONE) DRIVERS TRAINING.		
TRAINER _____	DATE _____	
DATE BADGE ISSUED _____	DATE OF EXPIRATION _____	PAID BY _____
BADGE STATUS: REVOKED _____ LOST _____ STOLEN _____ EXPIRED _____ RETURNED _____ NOT RETURNED _____		
DETAILS OF DEACTIVATION: _____		