

# Charles M. Schulz – Sonoma County Airport SIDA or Sterile Area Badge Request Form

## INSTRUCTIONS

1. To receive an ID badge with access to the SIDA or Sterile Areas, please complete all fields below. Failure to include all necessary information will result in the delay or denial of an ID badge being issued.
2. An ID badge will be issued to one (1) individual per badge request.
3. Prior to receiving a SIDA or Sterile Area badge, a fingerprint based Criminal History Records Check (CHRC) and an Employment History Record Form **or** Employment Certification Form must be completed.
4. Two forms of government issued ID are required at the time of the application to verify your identity. At least one ID must include your photograph.
5. For individuals who need to drive on a designated ramp area, a ramp driving endorsement, which must be displayed on the SIDA badge, is required. To obtain a ramp driving endorsement, individuals must complete drivers training and pass an oral and/or written exam.

**Do you need to drive on the ramp?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ \*If yes, see 5 above

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Note: If Non-U.S. born U.S. Citizen, please complete page 2

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

## SECURITY ADVISORY AND SIGNATURE

The Airport SIDA or Sterile Area ID Badge issued to you is for your use only while in the performance of your official duties. This badge allows you unescorted access to the Security Identification Display Area (SIDA) and/or Sterile Area. This badge is not transferrable. Allowing others to use your badge **WILL** result in the revocation of your SIDA or Sterile Area badge and access to the SIDA and Sterile Area. If you lose your badge, you **MUST** notify the Airport Manager's office immediately. This badge must be worn at all times while in the SIDA or Sterile Areas and must be displayed above the waist on the outermost garment. If you see anyone in the SIDA or Sterile Area without a proper ID badge, the individual must be challenged. If that (those) person(s) is (are) not authorized to be in the secure area or Sterile Area, (i.e. no ID badge), Airport management and/or Law Enforcement must be notified immediately. While in the SIDA or Sterile Area, you must follow all applicable Federal, State and Local laws, ordinances and regulations. Failure to comply may result in your access privileges being revoked and/or criminal or civil penalties. The SIDA or Sterile Area ID badge is the property of the Charles M. Schulz – Sonoma County Airport and must be surrendered upon termination of your employment or on demand. A replacement fee is applied if the SIDA or Sterile Area ID badge is lost, stolen or destroyed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(circle one): SIDA Sterile Area

## FOR OFFICIAL USE ONLY

AIRPORT ID #: \_\_\_\_\_ CARD #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

CHRC COMPLETED: \_\_\_\_\_ or Airline Letter Attached, or TSA #: \_\_\_\_\_

STA Approved: \_\_\_\_\_ Exp: \_\_\_\_\_

## **Privacy Certification – SSN Verification**

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12<sup>th</sup> Street, Arlington, VA 22202.

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN and Full Name:

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### **Certification**

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).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Airport Identification Badge Tracking Check List

- Name of Applicant: \_\_\_\_\_
- Badge Number: \_\_\_\_\_
- Gate Access: \_\_\_\_\_
  
- Application process: \_\_\_\_\_
- Date: \_\_\_\_\_
  
- ID's checked:
  - U.S. Passport \_\_\_\_\_
  - Driver's License + Social Security Card \_\_\_\_\_
  - Driver's License + Birth Certificate \_\_\_\_\_
  - Certificate of Birth Abroad \_\_\_\_\_
  - Naturalization Number \_\_\_\_\_
  - Other: \_\_\_\_\_
  
- Authorizes Issuance: \_\_\_\_\_
- Date: \_\_\_\_\_
  
- Badge Issue: \_\_\_\_\_
- Date: \_\_\_\_\_