

## MIDAMERICA ST. LOUIS AIRPORT APPLICATION FOR AIRPORT ACCESS MEDIA/ID

<b>Type of Application:</b>	New Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Reissue Lost <input type="checkbox"/> Reissue Stolen <input type="checkbox"/>			
<b>Legal Name:</b>				
	<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Social Security #</b>
<b>Current Mailing Address:</b>				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home / Cell Telephone:</b>				
	<b>Date of Birth:</b>		<b>Place of Birth (Country if outside USA):</b>	
<b>Email:</b>			<b>Gender:</b>	<b>Citizenship (country):</b>
			<b>Race:</b>	
<b>Employer / Contractor Name:</b>			<b>Your Job Position/Title:</b>	
<b>Name of Supervisor:</b>			<b>Supervisor Telephone #:</b>	
<b>Alien Registration Number:</b>			<b>Non-Immigrant Visa Contr</b>	
<b>Passport - Country of Issue:</b>			<b>Passport Number:</b>	
	Escort Privileges Required:                    Yes <input type="checkbox"/> No <input type="checkbox"/>		Access Required: SIDA:                    Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Authorized to Receive Keys?                    Yes <input type="checkbox"/> No <input type="checkbox"/>		Sterile Area:                    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Drivers:</b>	Not Required <input type="checkbox"/>	Movement Area <input type="checkbox"/>	Non-Movement <input type="checkbox"/>	Secure Area:                    Yes <input type="checkbox"/> No <input type="checkbox"/>
			Air Operations Area:                    Yes <input type="checkbox"/> No <input type="checkbox"/>	

The MidAmerica Airport Access Media/ID is the property of MidAmerica Airport and must be returned to the Airport ID Office when its use is no longer authorized. A replacement charge shall be assessed for any occurrence of a lost or unreturned Access Media/ID. Failure to disclose convictions or other disqualifying information may result in investigation by The Transportation Security Administration, termination, and possible civil penalty. I understand the procedures and responsibilities for using and safeguarding the MidAmerica Airport Access Media/ID. I will immediately (within 24 hours) notify both my employer and the Airport ID Office if the Access Media/ID is lost, destroyed, or otherwise unaccounted for or if I am convicted of a disqualifying offense. 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.

**CERTIFICATIONS:**

1. The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith.
2. 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).
3. I authorize the Social Security Administration to release my social security number and full name to the Transportation Security Administration, Enrollment Services and Vetting Programs, Attention: Vetting Programs (TSA-10)/Aviation Worker Program, 6595 Springfield Center Drive, Springfield, VA 20598-6010
4. 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.

<b>Applicant Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
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As Signatory, I certify that all requirements of 49 CFR 1542.209 & 1544.229 have been met for this applicant if applying for unescorted access authority and the applicant does not disclose a disqualifying offense. I also certify that the individual requires unescorted access to annotated areas, and the applicant understands their security responsibilities under 49 CFR 1540.105(a).

<b>Authorized Signatory Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
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<b>Airport ID Office Use Only</b>	ID Verified <input type="checkbox"/>	Document 1:	Document 2:
Card #	Card Issue Date:	Pin #	Card Expires:
Color Issued:	Date of SIDA Training:	Keys Issued:	
Return: Normal <input type="checkbox"/> Adverse <input type="checkbox"/>	Card Deactivated Date:	Date Card Returned	Issuer Signature:
Reason for Return:		Date Card Destroyed:	Receivers Signature:

Revision Date: 07/27/23.....