

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

Type of Application:	New Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Reissue Lost <input type="checkbox"/> Reissue Stolen <input type="checkbox"/>												
Legal Name:													
	First			Middle			Last			Social Security #			
Current Mailing Address:													
	Street						City			State		Zip	
Home / Cell Telephone:				Date of Birth:			Place of Birth (Country if outside USA):						
Email:							Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Race:		Citizenship (country):		
Employer / Contractor Name:							Your Job Position/Title:						
Name of Supervisor:							Supervisor Telephone #:						
Alien Registration Number:							Non-Immigrant Visa Contr						
Passport - Country of Issue:							Passport Number:						
	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"/>			
Drivers:	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 St. Louis Airport Access Media/ID is the property of MidAmerica St. Louis 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 St. Louis 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.

Applicant Signature:		Printed Name:		Date:
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).				
Authorized Signatory Signature:		Printed Name:		Date:
Airport ID Office Use Only		ID Verified <input type="checkbox"/>		
		Document 1:		Document 2:
Card #	Card Issue Date:	Pin #	Card Expires:	
Color Issued:	Date of Security 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 08/29/25.....