

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"/>					
Name:	First		Middle		Last	Social Security #
Home Address:	Street		City		State	Zip
Home / Cell Telephone:	Date of Birth:		Place of Birth (State or Country):			
	Email:		Sex:	Race:	Citizenship:	
Employer / Contractor Name:				Your Job Position/Title:		
Name of Supervisor:				Supervisor Telephone #:		
Alien Registration Number:				Non-Immigrant Visa #:		
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"/>	

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, Office of Intelligence and Analysis (OIA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.
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 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 02/16/2021