

SECTION A - BADGEHOLDER INFORMATION (Must be completed by employee.)

Form with fields: Last Name, First, MI, ALIAS (other names used), Current Home Address, City, State, Zip, Best Contact Phone Number, Email Address, Date of Birth, Country of Birth, State of Birth, Social Security Number, Height, Weight, Gender, Race, Eye Color, Hair Color.

Have you been convicted of a felony or been sentenced to one or more years in a penal institution? NO [] YES [] If yes, please explain:

[] Background Release: By my signature below, I authorize all of my former employers up to ten years preceding the date below and any other person or agency, including law enforcement, to furnish to my present employer and the Port of Pasco or its contracted agent, written and oral information pertaining to my former employment.

[] Display: I promise to display my badge properly while on duty in restricted areas and to support my co-workers in doing the same. I will fully engage myself in my role as an important element of airport safety and security.

[] Challenge: I promise to challenge (when in restricted areas) anyone not displaying a valid Tri-Cities Airport ID (badge) or displaying a valid badge without the color authorization appropriate for that area.

[] Accountability: I promise to take all reasonable and prudent steps to prevent my badge from becoming lost or stolen. I promise to immediately notify Airport Management if I lose possession of my badge.

[] Information: I promise to immediately notify Airport Management or my supervisor, if I become aware of any problem, deficiency, defect or broken item needing repair associated with the airport's security systems or safety features.

[] Non-disclosure: I will never reveal my knowledge of the Access Control System or Tri-Cities Airport security procedures to anyone, including my family or friends.

[] Return: I promise to return my Tri-Cities Airport ID badge to my employer immediately upon completion of my employment, or upon demand of the Port of Pasco. I acknowledge that my Tri-Cities Airport ID badge is the sole property of the Port of Pasco and failure to return it could result in prosecution for theft.

I certify I have read, understand, and will abide by the foregoing provisions. The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith.

Applicant's Signature: _____ Date: _____

AIRPORT BADGING OFFICE USE ONLY:

Form with checkboxes for PRINTS, I.D., SIDA, Basic Security Awareness, Driver's Training, Movement Area Driving, FP REPORT, APPROVED STA, Training Complete: _____ Date: _____ / _____ / _____, Badge #, Issued by, Issue Date, YR EXP, Payment Info.

