

**SIDA BADGE APPLICATION  
TRI-CITIES AIRPORT**

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

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
				M / F		Hair Color

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

A. **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. I hereby release such former employers, persons or agencies and the Port of Pasco from any and all liability which may be alleged to arise from the furnishing of such background information. Your application is the first step toward receiving a Tri-Cities Airport ID Badge and cannot be processed without the above information

B. **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. I promise to be constantly vigilant to the possibility of safety and security risks and to report such risks and weaknesses to my supervisor.

C. **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. I will report any person refusing to display or produce a valid badge. I understand my access to restricted airport areas is a privilege extended to me by the Port of Pasco through my employer. I promise to avoid compromising the privilege of restricted area access by using my Tri-Cities Airport ID access only while on duty and performing the tasks assigned to me by my supervisor. I acknowledge that the privileges extended to me through my Tri-Cities Airport ID badge may be revoked along with the badge, at any time.

D. **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, so it can be locked out of the Access Control System. I understand that my employer must include a request for a replacement badge. I understand a fee will be charged for replacement badges.

E. **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. I acknowledge having received training on the operation and use of the airport's safety and security features. As a citizen of the badged population, I promise to be responsible in the use of the Access Control System and that my performance of work at Tri-Cities Airport will not knowingly place any person or property at risk of injury or damage or degrade any security or safety measures.

F. **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. I promise to discuss my security concerns or knowledge of risks only with Airport Management, Airport Police or my supervisor.

G. **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 my being charged criminally.

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. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I also understand the Federal Regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AIRPORT BADGING OFFICE USE ONLY:**

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: \_\_\_\_\_

