

# SECURED / SIDA

## PENSACOLA GULF COAST REGIONAL AIRPORT IDENTIFICATION BADGE REQUEST FORM

\_\_\_\_\_  
BADGE #

\_\_\_\_\_  
EXPIRATION DATE

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

I \_\_\_\_\_ acknowledge that the Secured Area/SIDA Area access badge that has been issued to me is the property of the Pensacola Gulf Coast Regional Airport. I will return it to my supervisor when my employment at the Pensacola Gulf Coast Regional Airport has been terminated. I am also required to report it to my supervisor when the access badge is lost, misplaced or stolen. I am aware that a \$100.00 LOST FEE will be levied for lost, misplaced or stolen badges. In addition, a \$10.00 REPLACEMENT FEE will be levied before a replacement badge will be issued. 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 can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code.)

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

I \_\_\_\_\_ request that the named employee/applicant be issued a Pensacola Gulf Coast Regional Airport photo identification Secured Area/SIDA Area Access Badge. Before the application can be processed, a fingerprint-based Criminal History Records Check (CHRC) must successfully be completed to the extent necessary to verify representations made by the employee/applicant. I, the Authorized Signer, am aware that a \$100.00 LOST FEE will be levied for lost, misplaced, or stolen badges. In addition, a \$10.00 REPLACEMENT FEE will be levied before a replacement badge will be issued.

\_\_\_\_\_  
AUTHORIZED SIGNER

\_\_\_\_\_  
DATE

\*\*\*\*\* FOR AIRPORT ADMINISTRATION OFFICE USE ONLY \*\*\*\*\*

BADGE COLOR \_\_\_\_\_ ACCESS AREA \_\_\_\_\_

SIDA TRAINING DATE \_\_\_\_\_ BADGE ISSUE DATE \_\_\_\_\_

1<sup>ST</sup> GOVT ISSUED PICTURE ID# \_\_\_\_\_ AGENCY \_\_\_\_\_ EXP \_\_\_\_\_

2<sup>ND</sup> ID \_\_\_\_\_ AGENCY \_\_\_\_\_ EXP \_\_\_\_\_

DRIVERS LICENSE VALIDATION \_\_\_\_\_ RECEIPT # \_\_\_\_\_