



## SIDA Badge Application

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### Section I: Application Information

Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

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### Section II: Security Responsibility Agreement to be completed by applicant

- I will not let anyone else use my SIDA Badge
- I will wear my SIDA Badge on my outermost garment at all times when in the SIDA
- I will ensure proper closing and locking of any Secured Area door or gate at LBB
- I will not allow anyone to follow me or my vehicle through any door or gate leading to the secured area at LBB unless that person is under my escort
- I will immediately report the theft or loss of my SIDA Badge to Airport Operations
- I will immediately report any security violations I witness to Airport Operations
- I will comply with the Lubbock Preston Smith International Airport (LBB) Security Program, TSR 1542, and TSR 1544
- I understand that my SIDA Badge is the property of LBB and will return it to Airport Operations immediately upon termination
- I understand that failure on my part to follow any safety or security procedures may result in the revocation of my SIDA badge and/or legal action against me, and that I may be banned from the SIDA at LBB

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Section III: To be completed by authorized employer/sponsor representative

I certify that this applicant's work requires egress and ingress to the Security Identification Display Area (SIDA) at Lubbock Preston Smith International Airport. My company will return the badge to Airport Operations on or before the badge expiration date or on the last day of this applicant's employment. My company will immediately notify Airport Operations if this applicant is terminated or has reported his/her badge as lost or stolen or no longer needs egress and ingress to the SIDA at Lubbock International Airport.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV: To be completed by an authorized federal, state or local government employer/sponsor representative

I certify that \_\_\_\_\_ is an employee of the federal, state or local government who, as a condition of employment, has been subjected to an employment investigation that includes a criminal records check in accordance with TSR 1542.209(m).

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Section V: Certification from an aircraft operator subject to TSR 1544 to be completed by authorized employer/sponsor representative.

I certify that \_\_\_\_\_ has complied with the CHRC requirements in TSR 1544.229 and request that Lubbock Preston Smith International Airport grant this applicant unescorted access authority to the SIDA in accordance with TSR 1542.209.

\_\_\_\_\_  
CHRC Case Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Section VII: Airport Operations Use Only

Training Date: \_\_\_\_\_

- Security
- SIDA/Sterile Escort
- Ramp Drivers License (RDL)
- Air Operations Area (AOA)

AOA Practical Examination Completion Date: \_\_\_\_\_ Examiner: \_\_\_\_\_

Access Restrictions:

- Red - Unrestricted
- Yellow - SIDA
- Blue - Eastport
- Green - Westport
- Temporary Badge

Badge Number Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Badge Issued By \_\_\_\_\_ Date \_\_\_\_\_

Request Reviewed By \_\_\_\_\_ Date \_\_\_\_\_