

# FRESNO YOSEMITE INTERNATIONAL AIRPORT

## IDENTIFICATION BADGE APPLICATION

CM# \_\_\_\_\_

**BOTH SIDES MUST BE COMPLETED PRIOR TO APPOINTMENT**

### Page 1 EMPLOYEE INFORMATION \*REQUIRED INFORMATION

**EMPLOYEE: THIS SIDE OF THE APPLICATION MUST BE FULLY COMPLETED BY YOU *BEFORE* THE AUTHORIZED REPRESENTATIVE SIGNS OFF ON THE EMPLOYER'S SIDE OF THE APPLICATION**

<b>*Full Legal Name</b>									
(Please Print) First		Middle				Last			
<b>*Residence Address (No P.O Boxes)</b>									
Street				Apt. #		City		State Zip	
<b>*Phone #</b>			<b>*Cell #</b>			<b>*Email:</b>			
<b>*Date of Birth: mm/dd/yyyy</b>		<b>*Hair</b>	<b>*Eye</b>	<b>*Height</b>		<b>*Weight</b>		<b>*Gender M F</b>	
<b>*Country or State of Birth</b>		<b>*Citizenship</b>		<b>Passport Country</b>			<b>Passport #</b>		
<b>*DL State Issued</b>		<b>*Driver License #</b>		<b>*DL Expiration</b>			<b>*SSN</b>		
Alias Name (1)								Alias DOB	
(Please Print) First		Middle				Last			
Alias Name (2)									
(Please Print) First		Middle				Last			
Alien Reg #		Immigrant Visa #		I-94 #			DS-1350		
<b>*Company Name</b>					<b>*Job Description/Title</b>				
<b>*Direct Supervisor's Name</b>									
<b>*Supervisor's Title</b>					<b>*Supervisor's Business Phone #</b>				
<b>*Give a brief but detailed statement of specific duties justifying your need for access into Airport secured areas</b>									
<b>*Previous Badge at FYI?</b>		<b>Badge #</b>			<b>Return Date:</b>				
Yes No									
Previous Badge <input type="checkbox"/> Renewal <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Revoked (Reason) <input type="checkbox"/> Returned									
Company Previous Badge Issued Under									
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. (Section 1001 of Title 18 of the United States Code)									
<b>*Signature:</b>						<b>*Date</b>			
<b>PLEASE DO NOT WRITE BELOW THIS LINE (RESERVED FOR OFFICIAL USE ONLY)</b>									
Issued:		Badge		SIDA		LEO		STERILE	
Expires		Color		AOA		PUBLIC		Tenant/Vendor/Student	
Pin #		Fee: \$				APS Official			
Date SIDA Trained:		Driver: Yes No		Escort: Yes No		Movement: Yes No			
Badge #'s									

Last Name

First Initial

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#### EMPLOYER'S CERTIFICATION

The Transportation Security Administration (TSA) in accordance with 49 CFR Part 1540 series requires that the employer of an airport security identification badge applicant certify that a CHRC will be completed, and this person does not have convictions for any of the listed disqualifying crimes.

In compliance with the requirement stated above, the Employer's Authorized Representative, whose identity, affiliation and signature appear below, hereby attest that the Employee/Applicant identified in Part 1 of the Application form (CHECK BOX BELOW):

- \* ☐ Was hired by this Employer on \_\_\_\_\_; and that the CHRC requirements listed above have been fully met.
- \* ☐ I hereby request driving privileges for this employee. I attached the "Driver's Training Questionnaire" to this application.
- \* ☐ I hereby request SIDA/AOA escort privileges for this employee.

**\*Required Information**

\*Employer's Business Name/ Project Contracting Company

\*Street Address

\*City

\*State

\*Zip

Mailing Address (if different than Street Address)

\*Phone #

FAX #

\*Email Address

**Authorized Signature**

\*Full Name (Print) First

\*Middle

\*Last

\*Title or Position

\*Signature

\*Date

I UNDERSTAND THAT A \$50.00 FEE WILL BE CHARGED TO MY COMPANY FOR BADGES THAT ARE NOT RETURNED TO:

**FRESNO YOSEMITE INTERNATIONAL AIRPORT**  
**PUBLIC SAFETY OFFICE**  
**4995 E CLINTON WAY**  
**FRESNO, CA 93727**  
**559-621-6650**