



IDENTIFICATION BADGE APPLICATION

Page 1

EMPLOYEE INFORMATION

CM# _____

PAGE 1 OF THIS APPLICATION MUST BE FULLY COMPLETED BY APPLICANT BEFORE THE AUTHORIZED AGENT PROVIDES AN AUTHORIZED SIGNATURE ON PAGE 2 OF THIS APPLICATION

*Full Legal Name (Please Print)					
First		Middle		Last	
*Residence Address (No P.O Boxes)					
Street		Apt. #	City	State	Zip
*Phone Number ()		*Email		*Date of Birth mm/dd/yyyy	
*Ethnicity		*Hair	*Eyes	*Height	*Weight
				*Gender	M F
*State and Country of Birth		*Citizenship		Passport Country	Passport Number
*DL State Issued	*Driver License #	*DL Expiration		*SSN	

Alias Name (1)				Alias DOB (If Different)	
(Please Print) First		Middle		Last	

Alias Name (2)					
(Please Print) First		Middle		Last	

Alien Reg #	Immigrant Visa #	I-94 #		DS-1350	
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*Company Name			*Job Description/Title		
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*Direct Supervisor's Name					
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*Supervisor's Title			*Supervisor's Business Phone #		
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*Give a brief but detailed statement of specific duties justifying your need for Fresno Yosemite International Airport access					
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*Previous Badge at FYI? Yes No		Badge #		Return Date:	
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Previous Badge Renewal Lost/Stolen Returned Reason:

Company Previous Badge Issued Under					
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The information I have provided this application 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).

*Signature:				*Date	
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PLEASE DO NOT WRITE BELOW THIS LINE (RESERVED FOR OFFICIAL USE ONLY)

Issued:	SIDA / CONSTRUCTION	LEO	STERILE	ATLANTIC / SUB TENANT	ATLANTIC WHT BDG
Expires:	AOA / CONSTRUCTION	PUBLIC	CARGO	SIGNATURE / SUB TENANT	SIGNATURE WHT BDG
Pin #	OTHER:			APS Official:	
Badge #'s		Driver: Yes No		Escort: Yes No	
				Movement: Yes No	
Paxton Access: Yes No					

*Required Information

AUTHORIZING AGENT CERTIFICATION

I certify that I have reviewed this application for accuracy and verified the employment eligibility of the applicant. I hereby attest that the applicant acknowledges his or her security responsibilities under 49 CFR 1540.105(a).

I also hereby attest that specific needs exist for this applicant to have driving privileges, escort privileges, or both, as checked below:

- I hereby request escort privileges for this employee.
- I hereby request driving privileges for this employee.
- I hereby request access to the Aircraft Movement Area for this employee.

For Movement Area privileges, the employee will complete both the "Driver Awareness" and the "Movement Area Driver's Training" programs and receive "D" and "M" designations on the airport badge. If the employee requires access to the Aircraft Movement Area, please provide the reason:

- Involved in aircraft pushback from Terminal
- Involved in aircraft maintenance or Disabled Aircraft Recovery
- Contractor requiring access to the Movement Area
- FAA or NWS employee with Movement Area duties
- City of Fresno Airport employee with Movement Area duties
- Military Employee with Movement Area duties

I understand that the FAA (FAR Part 139.329) requires that all designated drivers with access to the Aircraft Movement Area (taxiways, runways and their safety areas) will complete a supplementary Movement Area Driver's Training Program prior to the initial performance of such duties and at least once every 12 consecutive calendar months. Failure to complete the recurrent training within the required time period will result in an immediate badge deactivation.

***Employer's Business Name/ Project Contracting Company**

***Street Address**

***City**

***State**

***Zip**

***Phone #**

***Email Address**

AUTHORIZING AGENT SIGNATURE

DO NOT SIGN UNTIL APPLICATION IS COMPLETED · VALID FOR 30 DAYS AFTER SIGNED AND DATED

***Authorizing agent name (Print)**

***Title or Position**

***Authorizing Agent Signature**

***Date**

***Required Information**



**FRESNO YOSEMITE
International Airport**

PUBLIC SAFETY BADGING OFFICE
4995 E CLINTON WAY
FRESNO, CA 93727
559-821-8650