

Airport Badging Office 2627 Hollywood Way Burbank, CA 91505 (818)729-2233



Airport Identification Badge Application		Company Name:									
		☐ New Applicant ☐ Renewal									
THIS SECTION MUST BE COMPLETED IN FULL BY THE APPLICANT IN INK											
Last Name:			First Name:								
Middle Name:			Date of Birth: Gender:								
List all Aliases:											
Home Street Address:											
City: State:			Zip/Postal Code:								
Phone:	Driver's	License #:		State:			Exp:				
Social Security #:		Country of Birth:		I.	State of Birth:		•				
If not U.S. citizen, country of citizenship:		1	Alien Registration #:								
Or Non-Immigrant Visa #:				And I-94 Form #:							
If U.S. citizen born abroad indicate	e either U.	S. Passport #:	•								
Or Certificate of Naturalization #:			Or Certif	icate of U	.S. Citizenship #:						
Employee Acknowledgement											
Challenge Responsibilities: As a holder of a BGPAA Airport Identification Badge, you are required to display your badge above the waist, on the outermost garment, at all times while in the Public Areas, Sterile Area, Secured Area, SIDA, and AOA. You shall present your airport badge for examination upon request by any other badge holder for the purpose of enforcing airport challenge procedures. Additionally, you must challenge individuals in access controlled areas of the airport without airport badges to ensure they are authorized to be on airport property. Lost Badges: Lost Badges: Hesse return your badge to Airport Operations when no longer authorized, when transferred, or employment is terminated. If your badge is lost, you must report it to Airport Operations immediately and have it replaced. Replacement of a lost badge will be at your expense following the current approved fee structure with a partial refund if the badge is located and returned to Airport Operations prior to the expiration date. For repeat lost badges, an increased fee applies. These fees can be found on a lost badge replacement form. Acknowledgement of Receiving Airport Badge #: Line badge applicant, will comply with all rules and regulations, guidelines, and policies concerning airport security and the use of the BGPAA Airport Identification Badge. I acknowledge the above statements regarding challenge responsibilities and lost badges. I further acknowledge that I have received applicable training and a violation of airport rules and regulations may result in a Notice of Violation, NOV). I understand that I am requite to submit to searches of my person and property while in the Sterile Area, Secured Area, SIDA, and AOA. The airport badge shall be used for official company business only. The use of a badge is permitted only while working for the company named on the badge and never to be used to bypass the TSA screening checkpoint when flying on a commercial flight unless specifically exempted by Federal law. Privacy Act Notice: Au											
BGPAA reserves the right to suspend, terr employee fails to abide by any Airport, FA	-	•		out cause	. This may include crin	iiiiiai inves	sugations or if the				
Applicant Signature:						Date:					

THIS SECTION MUST BE COMPLETED BY AUTHORIZED SIGNER IN INK (VERIFY INFORMATION)											
Employer Information:											
Mailing Address:	ity:			Zip:							
Phone: Send approval no											
Badge Information (Check One)											
☐ GREEN: Authority/Government	☐ BLUE : Secured	Area	☐ YELLOW : Air Cargo SIDA								
☐ ORANGE: Sterile Area	☐ GRAY : AOA		☐ RED : ID Only , No Access								
Ramp/Service Road Driving Privileges:	☐ Yes ☐ No	Reques	sted Access Gro								
Escort Authority:	☐ Yes ☐ No										
Movement Area Driving Privileges:		Author	ized Signer:	☐ Yes	П	No					
Badge Authorization											
Employer Signature:		F	Print Name:								
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As the Authorized Signer, I am authorizing the above named applicant to receive / renew the BGPAA Airport Identification Badge. I understand that it is my responsibility to verify the information in this application. I acknowledge that if the applicant is no longer authorized to have a badge at the Airport, I will notify Airport Operations immediately and make every effort to retrieve the badge and return it to the Airport Badging office. Failure to do so will result in a fee if claimed as lost within 30 days of termination and after 30 days the fee shall increase as per the current approved fee structure.											
Authorized Signer (Sponsor) Signature:	F	Print Name:									
Sponsoring Company Name:			Date:								
CHRC Certification											
49 CFR Part 1542 requires each airport operator to ensure that no individual is granted unescorted access to controlled areas of the airport unless the individual was subject to and successfully completed a Criminal History Records Check (CHRC). By signing this form, the sponsoring agency certifies that the applicant was subjected to a CHRC as a condition of employment, that the applicant successfully completed the CHRC, and that the CHRC fulfills all airport requirements as set forth by TSA in 49 CFR Part §1542.209. Authorizing Signature: Date: CHRC Case #: Date Completed:											
If Airport Sponsored: By signing this form, the Airport Security Coordinator (AS	C) certifies that the airport	has complied w	vith 49 CFR Part §154	2.209 and the	applicant	t has successfully					
completed a Criminal History Records Check (CHRC).		Date									
Airport Security Coordinator Signature:			Date:								
	For Airport l	Jse only									
Applicants			Renew	als							
	Exempt Paid			□ Invoice □ Exempt							
	A.: Date:	□ Expired	Badge Number:			•					
	A.: Date:	•	Authorization signa	ture	T.A.:	Date:					
ŭ	A.: Date:	□ Form I-9	9 documents / CA I	DL	T.A.:	Date:					
	A.: Date:	☐ Gov. ID: Verify ID / Exp. Date			T.A.:	Date:					
, , ,	A.: Date:	□ IET Code:									
· · ·	A.: Date:	☐ IET results attached			T.A.:	Date:					
	A.: Date:	□ DAC & Rap Back Updated			T.A.:	Date:					
	A.: Date:	□ Sterile Area Access Acknowledgement T			T.A.:	Date:					
	SC: Date:	☐ Authorized Signatory Training			T.A.:	Date:					
□ 30 day notice sent to employer attached T./		Termination									
☐ IET Code:	Date.	□ Returne	Termin ed Badge Number:								
	A.: Date:					Date:					
	A.: Date:		□ Removed from Card Access T.A.: Date:								
	A.: Date:		Rap Back Updated	-	T.A.:	Date:					