*Form SD08F01*

# HPN ID Badge / Access Application

To be completed by applicants Company or Sponsoring entity

Badge Type: ☐ **SIDA** ☑ **CO** ☐ **FBO** ☐ **GA**

Applicant Information:

Last Name First Name M.I.

Social Security Number Date of Birth

Job Title: _____

Does the Individual need ESCORT privileges (**applies to SIDA badges only**):

☐ NO
☐ YES *(Typically only given to supervisors. If escort privileges are needed, please provide a written explanation.)*

_____

Access needed for: ☐ Full / Part Time Airport Employee
☐ Contractor *(Airfield access privileges expire at the end of contract)*

To be signed by Authorized Representative on file with Airport

By signing this form, I attest, as an authorized signing authority, that all information contained herein is true, and that the applicant is currently employed by my company (or is subtenant / subcontractor of my company), and does so require unescorted access authority to SIDA, Sterile Area or AOA . Falsification of this statement will result in the termination of my company privilege and their continued participation in the HPN Security ID Card Program.

**Furthermore I attest that this individual's I-9 form is completed and that the document will be kept on file with the employer.**

Application Date: Company Requesting ID:

Print Name: ⇦Authorized Company Issuing Officer ⇨ Signature:

Issuing Officer ID Card #: E-mail Address:

**To be completed by Airport**

Approved by: _____ Date: _____