

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: _____