



JOHN WAYNE AIRPORT

ID/Access Control
18601 Airport Way, #41
Santa Ana, CA 92707
(949) 252-5076 (949) 252-5245

AIRPORT IDENTIFICATION – **NON-SIDA** ACCESS BADGE APPLICATION

COMPLETE BOTH SIDES OF FORM. An authorized Company Representative and the Applicant must certify that the information on both sides of this form is true to the best of their knowledge.

Upon issuance of an ID BADGE, both the applicant and the company acknowledge that they understand their responsibilities regarding Airport ID Badges and access media.

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME FIRST NAME MI

DATE OF BIRTH SOCIAL SECURITY NUMBER

HOME ADDRESS: STREET

CITY STATE ZIP

HOME PHONE AREA NUMBER

WORK PHONE AREA NUMBER

SEX RACE HT WT HAIR EYES

POSITION WITH COMPANY

COMPANY NAME

COMPANY ADDRESS

HAVE YOU EVER HAD A JOHN WAYNE AIRPORT ID BADGE? YES NO

WILL YOU BE DRIVING ON THE AIRFIELD? YES NO

WILL YOU BE FUELING AIRCRAFT? YES NO COMMERCIAL AIRCRAFT? YES NO

DRIVER LICENSE # STATE EXPIRATION DATE

ID ACCESS OFFICE USE ONLY

CARD #	BADGE#	COLOR	PROCESSED DATE	INITIALS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMPANY CERTIFICATION

I CERTIFY that:

- (1) This Applicant's **EMPLOYMENT HISTORY FOR THE PAST TEN YEARS HAS BEEN OBTAINED AND HAS BEEN VERIFIED** by company personnel and the applicant has been asked to divulge any felony convictions.
- (2) Prior to submitting this application, any **CRIMES OR CONVICTIONS** of the applicant (as listed under 49 CFR 1542.207 (d) (1) through (28) **WILL BE DISCLOSED** to the John Wayne Airport Security Coordinator (ASC).
- (3) The Company will **RETAIN DOCUMENTS** regarding items 1 and 2 above, and make them available for inspection by personnel from the Airport or FAA upon request.

On behalf of the company, I **FURTHER ACKNOWLEDGE** the company's responsibility to:

- (1) **IMMEDIATELY NOTIFY** the Airport Police Service by phone at 949-252-5000 if this employee is **TERMINATED FOR CAUSE** or if there is any reasonable belief that the person may represent a **DANGER** to the Airport or civil aviation.
- (2) **IMMEDIATELY NOTIFY** Airport Operations at 949-252-5076 (during business hours) or the A.P.S. at 949-252-5000 (24/7) by phone when an employee is terminated for any reason if the person's **ID BADGE HAS NOT BEEN RECOVERED**.
- (3) Ensure that all Airport ID badges, gate access cards, hang tags, and keys are **RETURNED** to Airport Operations, along with an employee termination report **WITHIN THREE WORKING DAYS** of employee termination or transfer.
- (4) Ensure that no badges, gate access cards, hangtags, or keys issued by the Airport are transferred or used by any other person without the express approval of the Airport.

Authorized Signature: _____ **Date:** ____/____/____

Print Name/Title: _____ **Company:** _____

APPLICANT'S CERTIFICATION

(Initial Each Item and Sign at Access Control Office)

- ____(1) All badges, keys, hang tags, and card keys issued to me are the property of the Airport and I will surrender them upon request by Airport Operations.
- ____(2) I will notify the Airport Security Coordinator (ASC) and surrender all access media within 24 hours if I am convicted of any crime(s) as listed in 49 CFR 1542.207 (d) (1) through (28).
- ____(3) I will ensure that my Airport ID badge and other Airport property are turned over to my employer before terminating employment for any reason.
- ____(4) I will **immediately report a lost or stolen badge**, key, or card key to the Airport Police Service at 949-252-5000 and make a report as needed.
- ____(5) I will not loan or give my ID badge, keys, or card key to anyone.
- ____(6) I, the undersigned, certify that all information provided in this application is true and correct, and agree and understand that the providing of any false information in this application is a violation of federal and Airport regulations, including but not limited to Title 14 Code of Federal Regulations, Part 1540.103, and will result in the permanent denial and/or revocation of all access medium privileges and may also be punishable by fine or imprisonment, or both.

Applicant's Signature: _____ **Date:** ____/____/____

"For Official Use Only"

Reserved for Airlines, Government Agencies and JWA Operations.

CERTIFYING AGENT

I certify that the employee named on this application has been subjected to requirements of TSA 1544.229, Fingerprint-based criminal history records check (CHRC). I further certify that this employee has not been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed in TSA 1544.229(d) Disqualifying criminal offenses, in any jurisdiction during the 10 years before the date of the individual's application for unescorted access authority.

Name/Title:	<input type="text"/>	Date:	<input type="text"/>
Company:	<input type="text"/>	Authorized Signature:	<input type="text"/>