PULLMAN-MOSCOW REGIONAL AIRPORT
SCHWEITZER FIELD

Airport ID Badge Use Agreement

NEW & RENEWAL IDENTIFICATION BADGE APPLICATION		
THIS SECTION MUST BE COMPLETED IN FULL BY THE APPLICANT IN INK		
Legal Last Name		Legal First Name
Legal Middle Name		Other Known Names (maiden, nickname, aliases)
Home Street Address		
City	State	Zip/Postal Code
Home Phone (or Cell Phone)		Work Phone
Height _____ ft _____ inches	Weight _____ lbs	Gender ☐ Male ☐ Female
Date of Birth **Month: ____ ____ Day: ____ ____ Year: ____ ____ ____ ____**		**Social Security Number** **___ ___ ___ - ___ ___ - ___ ___ ___ ___**
ID Type—**Driver's License # or State I.D. #**	State and Expiration Date	**Place of Birth (State & Country)**
Personal Email Address		Work Email Address
Eye Color ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Gray		
Hair Color ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Bald		
Race ☐ Native American ☐ Asian ☐ Black ☐ Hispanic ☐ Caucasian ☐ Other - If Other Specify_____		
Current Country of Citizenship	**For Non-US Residents** ☐ ARN # ☐ 1-94# ☐ VISA# #_____	**For US Citizens Born Abroad** ☐U.S. Passport ☐Naturalization ☐DS-1350 #_____
Applicant Signature		**Date**
THIS SECTION MUST BE COMPLETED BY AUTHORIZED SIGNER IN INK (VERIFY INFORMATION ABOVE)		
Company Name		Division
Applicant's Job Title		
Badge Type Requested **(check one only)** ☐ SIDA Security Identification Display Area ☐ AOA Airport Operations Area		
Reason for Application (check one) ☐New Badge ☐Expiring Badge ☐Name Change ☐New Job ☐Lost/Stolen Badge ☐ Update Badge Type Other_____		
AUTHORIZED SIGNER RESPONSIBILITY CLAUSE		
As the employer (Authorized Signer) I assert that the above listed employee has an operational need to have access beyond the security checkpoint and I understand that **it is my responsibility to verify the information in this application**. As the employer (Authorized Signer) I am also responsible for ensuring that my employees follow all applicable rules set forth in the Airport Security Program, the Airport Rules & Regulations and the Code of Federal Regulations. I understand that it is my responsibility to disclose any known security breach committed by any of my employees and any known convictions from the disqualifying crimes list to the Airport Security Coordinator or their authorized designee. Failure to do so may result in temporary or permanent revocation of the employee's security access and all applicable fines being assessed against me or my company and the possible loss of Authorized Signer status. **By signing this agreement, I affirm that I am an Authorized Signer with the Pullman-Moscow Regional Airport and I understand and agree to abide by all policies regarding the responsibility of Authorized Signers.**		
Print Name of Authorized Signer		
Authorized Signer's Signature (must be on file with the Airport Administration Office)		**Date**
Email Address		**Phone**

To be completed by Airport Security Coordinator

Badge #	Issue Date:	Expiration Date: