



LAKELAND LINDER INTERNATIONAL AIRPORT SECURITY ACCESS APPLICATION

APPLICATION MUST
BE COMPLETELY
FILLED OUT

APPLICANT

Last Name	First Name	Middle Name	Race (Circle One) Asian Black Native American Unknown Caucasian Latino
Address			Sex Eye Color Hair Color Height Weight
City	State	Zip Code	Place of Birth (City and State) Date of Birth / /
Primary (Cell) Phone #		Secondary Phone #	Country of Citizenship Social Security Number - -
Email Address			Passport Country Passport #
Driver's License #	State	Expiration Date	U.S. Citizens Born Abroad, DS1350 #

NON U.S. CITIZENS

Alien Registration #	and/or	Visa #	Non-US Resident I-94 #
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VEHICLE INFORMATION

Vehicle 1					Vehicle 2				
Make	Model	Color	Year	License Plate #	Make	Model	Color	Year	License Plate #
Insurance Company	Policy Number	Expiration Date	/ /		Insurance Company	Policy Number	Expiration Date	/ /	

APPLICANT CERTIFICATION

The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code). I authorize the Social Security Administration to release my Social Security Number and full name to Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598. I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Applicant Signature:

Date: / /

EMPLOYER AUTHORIZATION

Company Name / Hangar Number	Applicant Job Title	New Applicant <input type="checkbox"/>
		Renewal <input type="checkbox"/>

The Employer certifies that the above person has an operational need for the identification badge and/or special privileges indicated.

Authorized Signature:

Date: / /

Identification Badges

- | | |
|--|---|
| <input type="checkbox"/> Yellow – GA Area Access | <input type="checkbox"/> Temp AOA |
| <input type="checkbox"/> Blue – Access to Air Operations Areas | <input type="checkbox"/> Event Badge |
| <input type="checkbox"/> Red – Access to SIDA/Secured Areas | |
| <input type="checkbox"/> Green – Access to SIDA/Secured/Air Operations Area | |

Special Privileges

- Applicant requires escorting privileges
- Applicant has an operational need for Movement Area Driving
- Applicant requires Gate 54 Aircraft Access - Clicker
- Additional Access Requested: (Must Attach Request Form)

ADMINISTRATIVE RECORDS (AIRPORT ONLY)

Badge #	Exp. Date / /	Badge #	Exp. Date / /	Clicker #	Paid: <input type="checkbox"/> YES <input type="checkbox"/> NA
Badge (Circle One): Returned Lost Revoked		Badge (Circle One): Returned Lost Revoked		Clicker: Ret Lost Rev	Payment #
Badge Issuance				Badge Returned/Lost/Revoked	
Two (2) forms of ID's		Initial:	Date:	Access Removed	
Badge Photo Taken		Initial:	Date:	Reason:	
TA Submitted CHRC Data	Renewal <input type="checkbox"/>	Initial:	Date:	Retrained* (For Revoked)	Initial: Date:
TA Submitted STA Data	Renewal <input type="checkbox"/>	Initial:	Date:	Badge Reissued** (For Revoked or Lost)	Initial: Date:
STA Approved	Renewal <input type="checkbox"/>	Initial:	Date:	Badge Destroyed	Initial: Date:
CHRC Approved	Renewal <input type="checkbox"/>	Initial:	Date:	STA Update (For Renewal)	Initial: Date:
TA Issued Identification Media		Initial:	Date:	STA Update	Initial: Date:
STA Update		Initial:	Date:	Discard Date:	
Training (List All):		Instructor:	Date:	Access Level:	Badge Type / Special Privileges:
Training (List All):		Instructor:	Date:		