

CERTIFICATION OF APPLICANT
AUTHORIZED SIGNATORY USE ONLY

AOA Ver. 2.6

Applicant Name: _____

Association or Company Name: _____

Job Title: _____

Supervisor's Name (if applicable): _____

Supervisor's Work Phone: _____

Escort Privilege Requested: Y / N

Prior security violations is a basis for denial.

Operator's license matches equipment: Y / N

Vehicles to be Operated:

Driving Privileges Requested: Y / N

Ground Service/ Passenger/ Commercial Truck/ Other: _____

The Sioux Falls Regional Airport Authority retains the right to deny driving privileges to anyone.

Location of Driving Privileges: Aprons or Runway & Taxiways

AUTHORIZED SIGNATORY

I certify to the Sioux Falls Regional Airport Authority, in accordance with TSR Part 1540, and attest under penalty and perjury that the employee's information provided in this application is true and complete to the best of my knowledge. Further, I certify that documents of identification, employment eligibility and citizenship pertaining to the applicant have been verified and appear genuine. I also certify that the individual has been hired as an employee of the company and, except for the receipt of an ID badge, has met all of the company's hiring qualifications. A specific need exists for unescorted access authority.

I will immediately notify the Airport Administration when the applicant above no longer meets eligibility, including but not limited to, suspension, termination, or resignation, or if there has been a change in their identity and will confiscate his/her ID badge. Failure to immediately notify Airport Administration or Security of a terminated employee and failure to make reasonable efforts to collect airport issued badges on the date of termination shall be cause to deem the employer liable for civil penalties not to exceed \$10,000. *I will utilize all available means to retrieve airport issued badges, including the withholding of paychecks.*

If driving privileges are required for the employee:

I also certify that the employee above holds a valid driver's license and will receive appropriate training for the operation of a motor vehicle or equipment in the apron or movement areas.

Email: _____

Print Name: _____

Work Phone: _____

Signature: _____

Date: _____

NOTE: APPLICANTS MUST PRESENT APPROPRIATE CREDENTIALS WHEN SUBMITTING APPLICATION.

Individuals are required to present the identity and work authorization documents approved for use in the "Lists of Acceptable Documents" attached to the most current "Form 1-9, Employment Eligibility Verification," issued by the U.S. Citizenship and

AIRPORT USE ONLY

INITIAL TRAINING DATE: _____

SECURITY: _____

NON-MOVEMENT: _____

MOVEMENT: _____

STA SUB: _____

BY: _____

STA APPR: _____

BY: _____

ID ISSUED: _____

BY: _____

BADGE #: _____

PROX #: _____

UID#: _____