

FORM A
REQUEST FOR UNESCORTED ACCESS PRIVILEGES TO RESTRICTED AREAS

Personal Data: (Please Print)** All Fields That Apply Must Be Completed Or Application Will Not Be Accepted ******

_____-_____-_____- (_____)_____-_____- (_____)_____-_____- ____/____/_____
Social Security Number Home Phone Work Phone Date of Birth

First Name Alias or Nickname Middle Name Last Name

Home Address City State ZIP Code Gender State of Birth Country of Citizenship

Alien Registration Number Non Immigrant VISA Number I-94 Arrival/Departure Number Cert. of Birth Abroad Number Cert. of Naturalization Number

Passport Number & Issuing Country '_____' (lbs) _____
Height Weight Eye Color Hair Color

Airport Tenant or Sponsoring Prime Contractor Name Airport Tenant or Sponsoring Prime Contractor Address to be billed for Identification Badge

Sub Contractor Company Name Sub-Contractor Address

*****For Gold/Purple or Gold Color Identification Badge Holders ONLY*****

Movement Area Driver (Will require driving on active taxiways and/or runways): (Circle) YES / NO If Yes: _____ / _____ / _____
Driver's License # State Expires

READ CAREFULLY!

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). Under penalty of law, I agree to return identification and/or access media I am issued by the Des Moines International Airport when use of these items is no longer required for the purpose for which they were issued or their use is no longer permitted by the Aviation Director; or when I am no longer employed with the requesting tenant/agency; or when any of these items are lost or stolen and later recovered; or when any of these items have expired; or within 24 hours of an arrest or conviction of a disqualifying crime. I agree to pay all fees, penalties or charges set forth in Airport Regulations when identification and/or access media I have been issued are no longer required for the purpose for which they were issued or their use is no longer permitted by the Aviation Director; or when I am no longer employed with the requesting tenant/agency; or when any of these items are lost or stolen; or when any of these items have expired and have not been returned to the Aviation Director. **I have read and understand the above statements and agree to comply with all procedures, rules and regulations pertaining to the use and return of all identification and/or access media. I understand and acknowledge I have personal responsibility to comply with the Airport Security Program, to include access control procedures, and that non-compliance may result in fines, imprisonment, suspension or revocation of my access and access media to those areas of the Airport where access is restricted for reasons of security.**

I certify that I have been provided with a copy of the "Privacy Act Notice"

Applicants Signature: _____ Date: ____/____/____

Authorized Airport Tenant or Sponsoring Prime Contractor Representative Signature: _____
(Signature must be on file with the Aviation Department, Operations Division, Rm. 207)

ID BADGE COLOR:

- | | |
|---|--|
| <input type="checkbox"/> Gold/Purple – (All Areas) | <input type="checkbox"/> Blue/Purple – (East Cargo, Signature Apron & Air Carrier Apron) |
| <input type="checkbox"/> Gold – (All Areas, except Air Carrier Apron) | <input type="checkbox"/> Blue – (East Cargo and/or Signature Apron) |
| <input type="checkbox"/> Black/Purple LEO-(All Areas) | <input type="checkbox"/> Green – (South Cargo Apron) |
| <input type="checkbox"/> Red – (Sterile Area Access Only) | |

*****For Airport Operations Badging Office Use Only*****

ID Verification: _____ Date Fingerprinted: ____/____/____ Fingerprinted By: _____ Issued By: _____

Date of Issue: ____/____/____ ID Badge Number: _____

Level(s) of access at the airport: (Circle all that apply) - SIDA - Sterile Area - AOA - Secured Area - Public Area