

**INITIAL/RENEWAL/LOST**

**WICHITA MID-CONTINENT AIRPORT  
ID MEDIA APPLICATION  
APPLICANT INFORMATION**

ID# _____
Officer _____
STA Clear Date _____
Fingerprinted by _____
Tag# _____
CHRC Clear Date _____

False statements or misrepresentations on this form are grounds for rejection/disapproval of restricted area access and/or immediate revocation of I.D Card and restricted area access.

**ID'S must be in the same legal name.**

**This form must be printed duplexed.**

AIRPORT SAFETY USE ONLY—ID's checked upon receipt of paperwork		
TYPE OF ID CHECKED	ID 1—	ID 2—
CHECKED BY:		DATE:
AIRPORT SAFETY USE ONLY—ID's checked upon badge issuance		
TYPE OF ID CHECKED	ID 1—	ID 2—
CHECKED BY:		DATE:

**ACCESS LEVEL REQUESTED**

RESTRICTED: SIDA TERMINAL  SIDA MOVEMENT  SIDA CARGO  SIDA WHITE   
 GREEN TIGERSTRIPE  RED TIGERSTRIPE  STERILE VENDOR   
 NON-RESTRICTED: GENERAL AVIATION  BLUE TIGERSTRIPE  CONTRACTOR WHITE

IF THE FOLLOWING IS GRANTED, <b>AUTHORIZED SIGNER</b> MUST INITIAL AND DATE NEXT TO EACH BOX.		
GATE/DOOR ACCESS: YES <input type="checkbox"/> NO <input type="checkbox"/>	REQUESTED PIN: _____	INITIALS _____ DATE _____
ESCORT AUTHORITY: YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES BRIEFLY STATE WHY: _____	INITIALS _____ DATE _____
RAMP PERMIT: YES <input type="checkbox"/> NO <input type="checkbox"/>		INITIALS _____ DATE _____

**SPONSORING AGENCY/TENANT** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**EMPLOYER ADDRESS** \_\_\_\_\_  
 Number Street City State Zip Code

**APPLICANT NAME** \_\_\_\_\_ **PHONE: ( )** \_\_\_\_\_  
 Last First Middle Name Suffix

**APPLICANT ADDRESS** \_\_\_\_\_  
 Number Street City State Zip Code Country

**JOB TITLE:** Employee \_\_\_\_\_ Tenant: \_\_\_\_\_ Contractor: \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **SEX** \_\_\_\_\_ **HEIGHT(ft)** \_\_\_\_\_ (in) \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**RACE** \_\_\_\_\_ **HAIR COLOR** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_ **DRIVER'S LIC. #** \_\_\_\_\_ **STATE** \_\_\_\_\_

**COUNTRY OF BIRTH** \_\_\_\_\_ **COUNTRY OF CITIZENSHIP** \_\_\_\_\_

**\*\*INDIVIDUALS WHO ARE NOT US CITIZENS MUST PROVIDE: ALIEN REGISTRATION # or I-94 ARRIVAL/DEPARTURE FORM #\*\***  
**\*\*INDIVIDUALS WHO ARE US CITIZENS BORN ABROAD OR NATURALIZED US CITIZENS, MUST PROVIDE: US PASSPORT #, CERTIFICATE OF CITIZENSHIP #, CERTIFICATE OF NATURALIZATION #, OR CERTIFICATION OF BIRTH ABROAD \*\***

**ALIEN REG #:** \_\_\_\_\_ **I-94 ARRIVAL / DEPARTURE FORM #:** \_\_\_\_\_

**U.S. PASSPORT #:** \_\_\_\_\_ **CERT. OF CITIZENSHIP #:** \_\_\_\_\_

**CERT. OF NATURALIZATION #:** \_\_\_\_\_ **CERT. OF BIRTH ABROAD:** \_\_\_\_\_

**ALIAS 1:** \_\_\_\_\_ **ALIAS 2:** \_\_\_\_\_ **ALIAS 3:** \_\_\_\_\_

EVER CONVICTED OF A FELONY OFFENSE WITHIN THE LAST 10 YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, STATE CONVICTION(S) AND CONVICTION DATE(S)

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**APPLICANT**

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 will comply with all regulations pertaining to the access level of which I have been granted for the Wichita Mid-Continent Airport or ICT. I understand I will be subjected to a criminal history records check (CHRC) if I am requesting access to a restricted area. **I further understand, the security I.D./access card issued to me remains the property of the Wichita Airport Authority and will be immediately returned to the Authority or my employer upon termination of employment on Mid-Continent Airport.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**REQUESTING AGENCY**

I certify that the above applicant requires access to the above indicated area of Wichita Mid-Continent Airport. I certify that the applicant was fingerprinted by the Safety Division through records maintained by the FBI, or by a recognized organization authorized by the Transportation Security Administration if they are requesting access to a restricted area.

I understand that any false statements made by the applicant or any failure on behalf of the requesting agency or representative thereof, whose signature appears below may result in civil penalties to the requesting agency, agency representative whose signature appears below, or the applicant.

**I further understand the security I.D./access card issued to the applicant on behalf of the requesting agency remains the property of the Wichita Airport Authority and will be immediately returned to the Authority upon the applicant's termination of employment on Mid-Continent Airport.**

\_\_\_\_\_  
Authorized Signature for Requesting Agency

\_\_\_\_\_  
Date

**OFFICE USE ONLY-BADGE STATUS**

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BADGE NO. \_\_\_\_\_

ACCESS LEVEL: SIDA      STERILE      GENERAL AVIATION      SECURED      PUBLIC

LOCAL BADGE TYPE:(SIDA – MOVMT/ TERM /CARGO /WHITE) OR G.A./ STERILE CKPT/ CONTRAC WHITE)

BADGE STATUS: ACTIVE      PENDING

TRANSACTION DATE: \_\_\_\_\_