



Sterile Area Badge Application

Section I: Application Information

Name _____

Employer _____

Home Address _____

Section II: Security Responsibility Agreement to be completed by applicant

- I understand that my Sterile Area Badge does not allow me to bypass screening at the Lubbock Preston Smith International Airport (LBB) Security Checkpoint
- I will not let anyone else use my Sterile Area Badge
- I will wear my Sterile Area Badge on my outermost garment at all times when in the Sterile Area
- I will immediately report the theft or loss of my Sterile Area Badge to Airport Operations
- I will immediately report any security violations I witness to Airport Operations
- I understand that my Sterile Area Badge is the property of LBB and will return it to Airport Operations immediately upon termination
- I understand that failure on my part to follow any safety or security procedures may result in the revocation of my Sterile Area Badge and/or legal action against me, and that I may be banned from the Sterile Area at LBB

Signature _____ Date _____

Section III: To be completed by an authorized federal, state or local government employer/sponsor representative

I certify that _____ is an employee of the federal, state or local government who, as a condition of employment, has been subjected to an employment investigation that includes a criminal records check in accordance with TSR 1542.209(m).

Signature _____ Date _____

Section IV: Certification from an aircraft operator subject to TSR 1544 to be completed by authorized employer/sponsor representative

I certify that _____ has complied with the CHRC requirements in TSR 1544.229 and request that Lubbock Preston Smith International Airport grant this applicant unescorted access authority to the SIDA in accordance with TSR 1542.209.

CHRC Case Number

Print Name

Title

Signature

Date

Section V: To be completed by authorized employer/sponsor representative

I certify that this applicant needs access into the Sterile Area for the following reason:

- HMS Host Employee
- Contracted to conduct maintenance or services within the Sterile Area
- Airport tenant approved for restaurant access
- Other _____

My company will return the badge to Airport Operations on or before the last day of this applicant's employment. My company will immediately notify Airport Operations if this applicant is terminated or has reported his/her badge as lost or stolen or no longer needs access into the Sterile Area at Lubbock Preston Smith International Airport.

Signature _____ Date _____

Section VII: Airport Operations Use Only

Badge Number Issued _____ Expiration Date _____

Badge Issued By _____ Date _____