



Tucson International Airport
 Airport Security Office
 7250 S Tucson Blvd., Suite 300 Tucson, AZ 85706
taa-aso@flytucson.com
 520-573-8156

Application for Work/Identification Media/STA Requirements/Driving Authorization

(PLEASE PRINT CLEARLY IN BLACK INK IF PRINTED. DO NOT LEAVE SPACES BLANK. IF AN AREA NOT APPLICABLE - WRITE N/A)

Section 1: To be completed by an Authorized Signatory

Section 1:

Only Authorized Signatories may submit the name of a person to work, drive or receive an identification media at Tucson International Airport (TUS). If you are not currently on the official list as having the authority to authorize someone, we cannot begin the process.

By Authorizing the Airport Security Office (ASO) to begin the badging process, you verify that you and/or your company will assume responsibility for the applicant. You further agree that you or your company will reimburse the Tucson Airport Authority (TAA) for any fines levied against it as a result of any violations committed by said company, its employee, representatives, tenants, sub-tenants, contractors, etc.

You further understand that the Transportation Security Administration (TSA) requires airport employers and any other sponsoring entities, to inform the airport operator (TAA), if an individual who holds a personnel identification media, no longer meets the requirements to hold the identification media or the privileges granted. Example: no longer employed, the business purpose has ceased, or the visa has expired.

If you request escort privileges be authorized for your employee, you agree that escorting is critical in order for the employee to conduct the duties of their position, as well as other airport-approved activities.

If you request driving privileges you and/or your company agree that driving is a critical need in order for the employee to conduct the duties of their position and other airport approved activities. You further agree to ensure that your employee will abide by all TUS driving rules and regulations. TUS Airside Operations is exclusively responsible for administering and enforcing driving regulations at TUS.

You and your company are aware of the Criminal History Record Check (CHRC) and Security Threat Assessment (STA) requirements that will be conducted on this applicant and that the results obtained may prohibit him/her from obtaining access.

Name of Applicant: _____

Company/Tenant Name: _____

1. ID Media Status Requested: New ID Media ID Media Renewal ID Media Replacement (fee applies) Authorized Signatory

2. ID Media Type Requested: SIDA/All Area Access AOA Access Only Sterile Area Access

3. ID Media Endorsements Requested: Escort AALE CBP None

4. Driving Endorsements: Non Movement Area Movement Area Taxi None

Reason Requested: _____

I affirm the employee has a valid state operator's license and a 36 month motor vehicle record

5. Key Request: Key Number _____, _____, _____, _____, _____, _____, _____, _____ None

****** To be completed by the TAA ******

MVD Record Confirmed: **Employee Initials:** _____ **Date:** _____

Movement Area or Taxiing Approval: **Employee Signature:** _____ **Date:** _____

Section 1 continued:

Authorized Signatory Certification Regarding Applicant Information, Access Media and Access Points:

Upon approval, the individual below is an authorized signatory and authorizes the applicant to work.

Signature of Authorized Signatory

Printed Authorized Signatory Name

Date

Sponsoring Company/Tenant
(only if sponsoring sub-companies)