VISITOR BADGE STA & CHRC VERIFICATION

TO BE COMPLETED BY _**OUTSIDE EMPLOYEE**_ REQUESTING A VISITOR BADGE**:**   **AOC: 408-277-5100 (After Hours)**

Please Print Full Legal Name As Stated On Your Airport Issued Badge		
Last, First Name:		

Currently Badged Airport:	Current Badge No.	Job Function That Requires a Temporary Badge

APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO THE FOLLOWING:

The information I have provided on this application 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 on this application can be punished by a fine, imprisonment, or both. I also understand the Federal regulations under 49 CFR 1542.209/1544.229 impose a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense, and upon notification, I will return the SJC SIDA badge immediately to the Badging Office/AOC or Airport Police. I acknowledge that I have received instructions for the use of the badge and that it is my responsibility to notify the airport immediately if it is lost, stolen or destroyed. I understand that in order to receive my previous airport badge once my job has been completed at the SJC airport, I will return the SJC SIDA badge to the SJC Badging Office/AOC or other Airport approved representative.

VISITOR'S SIGNATURE	DATE
VISITOR'S PHONE NUMBER	

TO BE COMPLETED BY _**SJC AUTHORIZED SIGNATORY**_**:**

TENANT NAME	VISITOR'S FULL NAME

Length of period employee requires a Visitor Badge		
DATE FROM	DATE TO	DEACTIVATION TIME

DUTY TYPE (select appropriate boxes)	☐ RAMP/UNDER-WING/MECHANIC ☐ BOARDING GATE AGENT

Employer certifying for the above employee:

As an approved Authorized Signatory on file with the San Jose International Airport, I certify in accordance with applicable Transportation Security Administration (TSA) guidelines that the above-named employee has successfully completed a Criminal History Record Check (CHRC) and the Security Threat Assessment (STA), thereby meeting the minimum requirements for the issuance of a temporary SIDA badge. I also certify that the above-named employee has a current valid SIDA badge at another airport. The employer shall make available immediately upon the Airport or TSA's request, any and all records pertaining to background checks of the employee.

AUTHORIZED SIGNATORY'S SIGNATURE	DATE
PRINT NAME OF AUTHORIZED SIGNATORY	SJC BADGE NUMBER

SJC AIRPORT USE:

VISITOR BADGE NUMBER	
PERSON WHO ISSUED THE BADGE	
ACTIVATION DATE	ACTIVATION TIME
PERSON WHO RETRIEVED THE BADGE – SCAN FORM AFTER RETRIEVING BADGE	
DEACTIVATION DATE	DEACTIVATION TIME