

SJC VISITOR BADGE STA & CHRC VERIFICATION

San Jose International Airport
Office Address: 1701 Airport Blvd B-1270, San Jose
Badging Office: 408-392-100/AOC: 408-277-5100 (After Hours)

TO BE COMPLETED BY EMPLOYEE REQUESTING A VISITOR BADGE:

Please Print Full Legal Name As Stated On Your Airport Issued Badge			SJC AIRPORT USE ONLY
Last, First Name: →			
Current SIDA Badge Airport Location:	Current SIDA Badge No.	Job Function That Requires A Temporary SIDA	
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 my airport ID immediately to the Badging Office or Airport Police. I acknowledge that I have received instructions for the use of the security access badge and that it is my responsibility to notify the airport immediately if the badge 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 my SJC SIDA badge to the SJC Badging Office or other Airport approved representative.			
VISITORS SIGNATURE		DATE	
PLEASE PRINT NAME OF VISITOR		VISITOR'S CONTACT PHONE NUMBER	

TO BE COMPLETED BY SJC AUTHORIZED SIGNATORY:

TENANT NAME	VISITOR'S FULL NAME		SJC AIRPORT USE ONLY
Length of Period employee requires a Visitor Badge			
FROM:	TO:		
DUTY DESCRIPTION - (please select appropriate box)	<input type="checkbox"/> RAMP/UNDER-WING OPERATOR <input type="checkbox"/> 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 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 SIGNATORIES SIGNATURE		DATE	
PLEASE PRINT NAME OF AUTHORIZED SIGNATORY		SJC BADGE NUMBER	

SJC AIRPORT USE ONLY:

SJC VISITOR BADGE NUMBER ISSUED →			SJC AIRPORT USE ONLY
SJC PERSON WHO ISSUED THE BADGE	SJC ISSUER BADGE NUMBER		
DATE ACTIVATION	TIME ACTIVATION		

SJC PERSON WHO RETRIEVED THE BADGE	SJC RETRIEVER BADGE NUMBER		SJC AIRPORT USE ONLY
DATE DEACTIVATION	TIME DEACTIVATION		
SJC PERSONNEL WHO SCANNED DOCUMENT			