

## SJC VISITOR BADGE STA & CHRC VERIFICATION

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

TO BE COMPLETED BY **OUTSIDE EMPLOYEE** REQUESTING A VISITOR BADGE:

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
<b>APPLICANT MUST READ THIS SECTION CAREFULLY BEFORE SIGNING AS YOU IRREVOCABLY REPRESENT AND AGREE TO THE FOLLOWING:</b>  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	
<b>Length of period employee requires a Visitor Badge</b>		
DATE FROM	DATE TO	DEACTIVATION TIME
<b>DUTY TYPE</b> - (select appropriate boxes)	<input type="checkbox"/> RAMP/UNDER-WING/MECHANIC <input type="checkbox"/> BOARDING GATE AGENT	
<b>Employer certifying for the above employee:</b>  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

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**SJC AIRPORT USE:**

<b>VISITOR BADGE NUMBER</b>	
<b>PERSON WHO ISSUED THE BADGE</b>	
<b>ACTIVATION DATE</b>	<b>ACTIVATION TIME</b>

<b>PERSON WHO RETRIEVED THE BADGE – SCAN FORM AFTER RETRIEVING BADGE</b>	
<b>DEACTIVATION DATE</b>	<b>DEACTIVATION TIME</b>