

FORM D
REQUEST FOR UNESCORTED ACCESS PRIVILEGES TO RESTRICTED AREAS

Personal Data: (Please Print) **All Fields That Apply Must Be Completed Or Application Will Not Be Accepted******

_____-_____-_____
Social Security Number (_____)_____-_____
Home Phone (_____)_____-_____
Work Phone ____/____/_____
Date of Birth

First Name Alias or Nickname Middle Name Last Name

Home Address City State ZIP Code Gender State of Birth Country of Citizenship

Alien Registration Number Non Immigrant VISA Number I-94 Arrival/Departure Form # Cert. of Naturalization # Cert. of Birth Abroad #

Passport Country & Passport Number (This information is voluntary and may expedite the adjudication process for applicants who are U.S. citizens born abroad.)

_____'_____'_____
Height Weight (lbs) Eye Color Hair Color

Airport Tenant Airport Tenant's Sub-Tenant Company Name

Airport Tenant Contracted Company Name (if applicable) Airport Tenant Contracted Company Address (if applicable)

READ CAREFULLY!

The information I have provided 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 can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States code). Under penalty of law, I agree to return identification and/or access media I am issued by the Des Moines International Airport when use of these items is no longer required for the purpose for which they were issued or their use is no longer permitted by the Aviation Director; or when I am no longer employed with the requesting tenant/agency; or when any of these items are lost or stolen and later recovered; or when any of these items have expired; or within 24 hours of an arrest or conviction of a disqualifying crime. I agree to pay all fees, penalties or charges set forth in Airport Regulations when identification and/or access media I have been issued are no longer required for the purpose for which they were issued or their use is no longer permitted by the Aviation Director; or when I am no longer employed with the requesting tenant/agency; or when any of these items are lost or stolen; or when any of these items have expired and have not been returned to the Aviation Director. **I have read and understand the above statements and agree to comply with all procedures, rules and regulations pertaining to the use and return of all identification and/or access media. I understand and acknowledge I have personal responsibility to comply with the Airport Security Program, to include access control procedures, and that non-compliance may result in fines, imprisonment, suspension or revocation of my access and access media to those areas of the Airport where access is restricted for reasons of security.**

I certify that I have been provided with a copy of the "Privacy Act Notice"

Applicants Signature: _____ Date: ____/____/____

Authorized Flying Club Representative Signature: _____
(Signature must be on file with the Aviation Department, Operations Division, Rm. 207)

ID BADGE COLOR:

- Brown (North side FBO's & Corporate Tenants, South T- Hangar)
- White w/Red Stripes (All Public Areas, No SIDA access, No Sterile Area access)

*******For Airport Operations Identification Badging Office Use Only*******

ID Verification: _____ Date of Issue: ____/____/____ Issued By _____ ID Badge Number: _____

Level(s) of access at the airport: (Circle all that apply) - SIDA - Sterile Area - AOA - Secured Area - Public Area

FORM D/SIDE A

Applicant Name: _____

Applicant Employment Verification

This form must be used to submit information pertaining to the review and verification of an applicant's five-year employment to receive or request unescorted access privileges to the South Cargo, general aviation facilities, FBO's, South T Hangar, and to obtain and Airport employee ID badge in public areas of the Airport. The applicants employment for the most recent 5 years must be **verified** with each employer through documentation, by telephone (with Manager or Supervisor), or in person. Explain gaps in employment in the comments section. List additional employers, if necessary, on a separate sheet.

Instructions:

1. Complete the employment history for all employers for the previous five (5) years and verify the applicant's previous five (5) years of employment with each employer.
2. The Company or Agency requesting identification/access for the applicant named above must verify the Applicant's most recent years of employment by contacting each employer and completing the employment verification sections below.
3. Applicant must explain periods of unemployment of 12 months or greater in the comments section below (unemployment, education, etc). Obtain, the 12 Month Gap in Employment Verification Form.

Previously Employed By	Employment Dates		This section must be completed by employer requesting ID Card		
Company:	From:	To:	Person Contacted (Full Name):	Person Verifying Employment	Date Verified:
Address:	Company Telephone No.				
City	State				
Comments:					

Previously Employed By	Employment Dates		This section must be completed by employer requesting ID Card		
Company:	From:	To:	Person Contacted (Full Name)	Person Verifying Employment	Date Verified:
Address:	Company Telephone No.				
City	State				
Comments:					

Previously Employed By	Employment Dates		This section must be completed by employer requesting ID Card		
Company:	From:	To:	Person Contacted (Full Name)	Person Verifying Employment	Date Verified:
Address:	Company Telephone No.				
City	State				
Comments:					

AUTHORIZED AIRPORT TENANT REPRESENTATIVE

(Flying Club & South-T Hangar Tenants Do Not Sign Here):

I certify that the information provided above is true and accurate and that federal law specifically prohibits a person from making any fraudulent or intentionally false statements regarding application for access to areas of the Airport controlled for security reasons. My signature is on file with the Aviation Department and I am authorized to request Airport identification and access on behalf of the company/agency I represent. I certify that I, and the applicant, have satisfactorily completed the required access investigation; I have reviewed the applicant's past employment history; I have verified the applicant's past 5 years of employment references; and provided these references to the Aviation Department; and I certify the required employment history investigation has been satisfactorily completed.

Authorized Airport Tenant Representative Signature: _____

(Signature must be on file with the Aviation Department, Operations Division, Rm. 207)

FORM D/SIDE B