

## **Griffiss International Airport**

## 660 Hangar Rd, Suite 223 Rome, N.Y. 13441 Telephone: (315) 736-4171 / Fax: (315) 736-0568

## ANTHONY J. PICENTE, JR.

**County Executive** 

EDWARD ARCURI Commissioner of Aviation

Todays Date:	Airport Project:									
Your Business/Name:										
Movement Training	YES		NO		Approved Gates					
Non - Movement Training :		YES		NO						
RME										
SIDA (SECURE ID AREA) BADGING APPLICATION										
LAST NAME		FIRST NAME		MIDDLE INT.	SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
RESIDENTIAL (	TIAL (STREET) ADDRESS				CITY		STATE	ZIP C	CODE	
DATE OF BIRTH (MM/DD/YYYY)	BIRTH STATE				DRIVER'S LICENSE #		ISSUING STATE			
	/ COUNTRY									
EMAIL ADDRESS	SOCIAL SECU	I RITY NUMBER	CELL PHON	E NUMBER	WORK NUMBER HOME PHONE NU		NE NUMBER			
EMPLOYER AND BILL TO INFORMATION										
BILL TO ADDRESS	COMPANY'S NAME			COMPANY'S FULL ADDRESS						
POSITION HELD	SUPERVISOR'S NAME				SUPERVISOR/COMPANY PHONE NUMBER					
	J									

Have you ever been convicted of a FELONY? If yes, please explain:

## FOR OFFICIAL USE ONLY

TYPE OF BADGE	SIDA BADGE/CARD #		DATE CARD ISSUED	
Instructors Signature		Commissioner Signature		