



SECURITY & SAFETY DIVISION - IDENTIFICATION SECTION

General Aviation Airport
 Miami-Dade Aviation Department
 Post Office Box 592075 AMF, Miami, Florida
 (305) 876-7188

**AIRPORT IDENTIFICATION BADGE APPLICATION
 FOR GENERAL AVIATION AIRPORTS**

All areas must be completed, typed or printed in ink (black or blue). This form will not be accepted by the Miami-Dade Aviation Department (MDAD) if it is altered (including use of correction fluid), torn, or otherwise defaced. The application must be processed within two weeks of the date it is signed by the authorized company representative (s).

Section I-Applicant

Social Security Number:	First Name:		Middle Name:		Last Name:
Date of Birth: (MM/DD/YYYY)	Height:	Weight:	Eyes:	Hair:	Title:
Place of Birth:	Home Address:			City/State/Zip:	
Driver License Number:		State Issued:		Expiration Date:	
Other Names Used including Alias or Nick names:	U.S. Citizen: Yes () No ()	Alien Registration Number: Passport Issued By: Passport Number:			

Section II – Access Requirements (to be completed by the employer)

Check the following that apply:

New Applicant
 10 Yrs Employment History Check Required
 Fingerprint Required (If applicable)
 Renewal
 Lost Badge
 Damage Badge

Badge Type

Tamiami
 Opa-Locka
 Homestead

If applicant's employer is a construction Contractor of MDAD or an Airport Tenant, please complete The following:		
General Contractor/ Consultant:	Subcontractor:	Project Number:
Project Commencement Date:	Project Completion Date:	Project Location:

Section III – Employer's Certification

I certify that all information provided by or on behalf of the Employer is true, accurate, and complete. I certify that: (1) we have verified the applicant's identify by reviewing at least two forms of identification (one of which bears the applicant's photograph); (2) we will immediately report to the MDAD ID Section if the applicant's employment is terminated or their contract work at the Airport is completed, and we will promptly return their Identification Badge to the MDAD ID Section; and (3) we will immediately notify the MDAD ID Section if the applicant's Identification Badge is reported as being lost or stolen. I also certify that we will inform the MDAD ID Section if either of the following applies:

- (i) the applicant was unable to support statements made on the application form;
- (ii) there are significant inconsistencies in the information provided on the application; or

I have read and understand the potential penalties described in Section III for providing false or misleading information on this application.

Certification Official's Name _____ Title _____

Certification Official's Signature _____ Date _____

Section V-Applicant's Certification

I hereby submit to the MDAD Identification Section (ID Section) this application for an ID Badge application and acknowledge the following:

1. By submitting this application for an ID Badge, I agree to comply at all times with MDAD security rules and policies.
2. All ID Badges remain the property of MDAD.
3. My ID Badge cannot be transferred to another individual or used for any purpose by another individual.
4. I must visibly display my ID Badge outside my garments on my upper body whenever I am in any area of the airport.
5. Use of the ID Badge constitutes consent to search and monitoring at any area of the airport.
6. MDAD reserves the right to revoke the authorization for an ID Badge where such action is determined to be in the best interest of airport security. You must immediately return the ID Badge to the ID Section or your employer upon notification that your authorization has been revoked.
7. In the event of any change in my employee status (i.e. transfer, job title), I will obtain a new ID Badge noting the change and return the original ID Badge.
8. I will not aid nor participate in allowing unauthorized access to secure or restricted areas nor will I otherwise breach, disobey or disregard any security directive, plan or program at the airport.
9. I must challenge any person who enters a secured/restricted area if the person does not properly display an ID Badge. If a person I challenge cannot produce a valid ID Badge, I must immediately notify the Miami-Dade Police Department or MDAD personnel at the GA Airport.
10. Contractor Identification Badges are valid only within my construction site and only for the duration of my contract.
11. I must immediately notify my employer if my ID Badge is lost or stolen. A non-refundable fee of \$75.00 will be assessed for the first replacement within 12 months of original issuance, and \$100.00 for the second replacement within 12 months of original issuance. The MDAD office at the GA Airport will collect the fee before a replacement ID badge is issued.
12. The ID Badge must be returned to the company official at the end of my employment. (The Identification Badge may also be returned to the MDAD office at the GA Airport during regular hours. A receipt will issue a receipt to me as proof that the ID Badge was returned).
13. A replacement ID Badge may only be issued if I declare in writing that the ID Badge has been lost, stolen, or destroyed.
14. The ID Badge must be maintained in good condition at all times. A damaged or mutilated ID Badge is not a valid ID Badge and is subject to confiscation.

I understand and agree to comply with the terms and conditions stated on this application and agree to comply with any changes or amendments to the terms and conditions that may be imposed by MDAD. I certify that 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 fine or imprisonment or both.

Applicant's Name _____

Applicant's Signature _____ Date _____

******FOR MDAD ACCESS CONTROL OFFICE USE ONLY******

Security Training Date:	Badge Number:	Badge Level:	Access	Date Issued:	Expiration Date:
Reason for GU:	Reason for Reprint:	Fingerprint Department (If applicable)		ID Section Payment	
		Date _____		Cash _____	
		Money Order _____		Billed _____	
Given By:	Supervisor Signature:	Check # _____		No Charge _____	
		Charge _____		Replacement _____	
		MIA # _____		Damage _____	
				Lost _____	

******FOR MDAD ACCESS CONTROL OFFICE USE ONLY****
FRONT DESK**

Company Fingerprint By:	Date Sent:	Fingerprint Case Number:	Date Results Received:

Rejected Airport Identification Badge Application

Processor:	Date:
Reason:	

