

ACCESS/IDENTIFICATION MEDIA RENEWAL/CHANGE FORM

MUST PRESENT TWO UNEXPIRED FORMS OF ID (FIRST AND LAST NAMES MUST MATCH EXACTLY)

PERSONAL INFORMATION (PLEASE EITHER TYPE OR WRITE LEGIBLY - CANNOT BOTH TYPE AND WRITE ON FORM)

EMPLOYER NAME							
LAST NAME							
FIRST NAME							
MIDDLE NAME							
CURRENT MAILING ADDRESS							
CITY		STATE		ZIP			
PHONE		SSN					
COUNTRY OF CITIZENSHIP							
DRIVER'S LICENSE NUMBER <small>(IF NO DRIVER'S LICENSE, LEAVE BLANK)</small>		STATE		EXPIRES			

REQUEST FOR CHANGES (ONLY MARK THIS SECTION IF MAKING A CHANGE TO CURRENT BADGE)

CHANGE BADGE TO: <small>(CHECK ONE ONLY)</small>	SECURED	STERILE	AIRPORT WIDE	AIRFIELD	CARGO AREA	GENERAL AVIATION	MRO		
DRIVER TRAINING:	RAMP:	ADD	REMOVE	AOA:	ADD	REMOVE	ACTAXI/TWY:	ADD	REMOVE
SPECIAL DESIGNATIONS:	FIS (MUST HAVE APPROVAL FROM CUSTOMS TO ADD):						ADD	REMOVE	
	ESCORT (ATTACH ESCORT FORM):			ADD	REMOVE	ARMED:	ADD	REMOVE	

APPLICANT ACKNOWLEDGMENT

The information I have provided on this application is true, complete, and correct to my best 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. (Section 1001 of Title 18 United States Code.)

APPLICANT SIGNATURE _____ DATE _____

AUTHORIZED SIGNATORY APPROVAL (MUST BE COMPLETED BY AUTHORIZED SIGNATORY ONLY)

I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540, 1542, 1544, & 1546 HAVE BEEN MET. I FURTHER CERTIFY THAT THE ORGANIZATION THAT I REPRESENT ASSUMES RESPONSIBILITY FOR ALL FINES OR OTHER PENALTIES IMPOSED BY THE TSA UPON THE METROPOLITAN NASHVILLE AIRPORT AUTHORITY FOR ANY VIOLATION(S) BY THIS APPLICANT. I UNDERSTAND THAT ANY INTENTIONALLY FRAUDULENT OR FALSE STATEMENTS IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION BADGE IS A VIOLATION OF TSR 1540.103 AND UNITED STATES CODE TITLE 18, SECTION 1001. I MAY BE PERSONALLY SUBJECT TO FEDERAL CIVIL PENALTIES AND CRIMINAL PROSECUTION.

I _____ APPROVE _____'S MEDIA
Authorized Signatory's Name (Please Print) Applicant's Name (Please Print)

APPLICATION FOR _____
Company's Name (Please Print) Authorized Signatory's Signature Date

IDENTIFICATION OFFICE USE ONLY

TRUSTED AGENT _____ DATE OF AUDIT _____



**Department of Public Safety
Nashville Airport**



GENERAL SECURITY RESPONSIBILITIES

As an MNAA badge holder I understand and will comply with the following requirements...

My MNAA badge is the property of the Airport Authority. Any MNAA representative is allowed to inspect my badge to verify personal identification and to ensure compliance with current regulations.

_____ **Initial**

My MNAA badge must be returned immediately to the identification office if any of the following occur: resignation, termination, transfer, lay off, or for any other reason the badge is no longer needed.

_____ **Initial**

My MNAA badge is for Official Use Only. I will not tamper with, mutilate, loan, borrow, or reproduce my badge in any manner.

_____ **Initial**

I understand that I am subject to both criminal history and background record checks. I also understand that I am required to immediately report any changes to my criminal history to the MNAA ID Office.

_____ **Initial**

I will keep my badge secured at all times and I will also keep my Personal Identification Number (PIN) confidential.

_____ **Initial**

I will not access, or attempt to access, any area of the airport without a valid OPERATIONAL NEED.

_____ **Initial**

I will not bring, carry or transport any items on the TSA Prohibited Item List on to airport property without a valid operational need.

_____ **Initial**

I acknowledge the above responsibilities:

PRINT NAME: _____

COMPANY: _____

SIGNATURE: _____ DATE: _____



**Department of Public Safety
Nashville International Airport**



CHALLENGE PROGRAM RESPONSIBILITIES

As a BNA badge holder I understand that...

1. I am responsible for challenging any person or persons, not properly wearing or displaying their BNA badge within the Airport Operations Area (AOA), Secured Area (SA), or Security Identification Display Area (SIDA).

_____ **Initial**

2. I am responsible for challenging an individual and for verifying the following: (a) the individual challenged is in possession of a BNA badge, (b) the badge is not expired, (c) the picture matches the individual being challenged and (d) the individual is in an authorized area.

_____ **Initial**

3. I am responsible for immediately reporting any individual that refuses to comply with my request to challenge to the Airport Communications Center at 615-275-1703.

_____ **Initial**

4. I understand that if I fail to follow the above challenge procedures I am subject to a Breach of Rules which carries the following penalties:

- a. 1st Breach of Rules – access suspended for 48 business hours
- b. 2nd Breach of Rules – access suspended for 72 business hours
- c. 3rd Breach of Rules – access suspended for six months

_____ **Initial**

PRINT NAME _____

COMPANY _____

SIGNATURE _____ DATE _____

Note: Individuals that dispute the receipt of a Breach of Rules must do so in writing to the Airport Security Coordinator (ASC) within 5 business days. The ASC will review the incident and issue a decision. All decisions by the ASC are final.