ADS-01 (Revision 11-17-26)

LOUIS ARMSTRONG NEW ORLEANS INTERNATIONAL AIRPORT

IDENTIFICATION BADGE PERMIT APPLICATION

ALL APPLICATIONS MUST BE COMPLETED PRIOR TO ENTERING THE SECURITY OFFICE

SECTION I – APPLICANT (PLEASE PRINT BLUE OR BLACK INK ONLY)

1. (LAST)_____(_____) (FIRST)_____ (MIDDLE)_____
(SUFFIX: SR., JR., I, II, ETC)

2. ADDRESS:_____
STREET CITY STATE ZIP PARISH

3. SSN:_____4. TELEPHONE NUMBER: _____5. POSITION: _____

6. DRIVER'S LICENSE *OR* ID NUMBER: _____(STATE)_____(EXP.DATE)_____

7. WEIGHT	8. HEIGHT	9. SEX	10. RACE	11. US CITIZEN (Y or N)	12. STATE OF BIRTH *OR* COUNTRY IF BORN OUTSIDE U.S.	13. HAIR COLOR	14. EYE COLOR	15. DATE OF BIRTH

Individuals born outside the U.S. or birth abroad please provide one of the following forms of Identification:

16. ID (CIRCLE ONE): US PASSPORT CERTIFICATE OF BIRTH ABROAD PERMANENT RESIDENT CARD
CERTIFICATE OF NATURALIZATION I-94 ARRIVAL / DEPARTURE FORM I-94 NON IMMIGRANT WORK VISA

16(A). ID #: _____ (EXP. DATE) _____

17. 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 for imprisonment or both (See Section 1001 of Title 18 of the United Sates Code). I acknowledge that failure on my part to follow any security procedures may result in either the revocation of my ID badge and restricted area key(s) or legal action against me, and that I may be banned from the restricted areas of Louis Armstrong New Orleans International Airport.

_____ _____
18. APPLICANT'S SIGNATURE DATE

SECTION II - EMPLOYER - DESIGNATED CERTIFICATION (PLEASE PRINT)

19. EMPLOYER NAME:_____20. TELEPHONE NUMBER: _____

21. EMPLOYER ADDRESS: _____
Street City State Zip

22. ESCORT PRIVILEGE: YES NO 23. EMPLOYER (*CIRCLE ONE*): NOAB TENANT CONTRACTOR GOVT / LEO

24. DRIVER PRIVILEGE: YES NO 25. LEVEL OF ACCESS (*CIRCLE ONE*): SIDA PUBLIC (WHITE) PUBLIC CLEAR (STERILE)

26. CERTIFICATION:

I certify that upon the employee's termination or loss of the ID badge or restricted area key(s), that it is my company's or agency's responsibility to notify the MSY Security Office (303-7760) as soon as possible, but not more than 24 hours after the termination or lost of ID badge and keys. After hours, notify AvCom at (303-7700). My company or agency will reimburse the New Orleans Aviation Board for any TSA fines levied against Louis Armstrong New Orleans International Airport which are caused by the failure of the applicant to adhere to the Louis Armstrong New Orleans International Airport Security Program.

I acknowledge that NOAB reserves the right to examine my company's files to confirm that the required 10 year background checks have been performed. I certify that my company does maintain the minimum $10 million of insurance required to operate, including driving and while escorting vehicles, in the SIDA and AOA

I certify that I have verified the employee identification by two (2) forms of identification; one of which must bear the applicant's photograph.

27. SPONSOR'S NAME AND ID NUMBER:

_____ _____ _____
PRINT NAME ID NUMBER SIGNATURE

SECTION III - SECURITY PERSONNEL ONLY

28. ASSIGNED ID NUMBER	29. DATE ASSIGNED	30. EXPIRATION DATE	31. ACCESS LEVEL
32. PIN ASSIGNED	**33. DRIVER DATE**	**34. SIDA DATE**	**35. ISSUED BY**
36. COLLECT DATA	**37. CHRC / STA**	**38. CHRC APPROVAL**	**39. STA APPROVAL**

WARNING: THIS RECORD CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER 49 CFR PARTS 15 AND 1520. NO PART OF THIS RECORD MAY BE RELEASED TO PERSONS WITHOUT A "NEED TO KNOW," AS DEFINED IN 49 CFR PARTS 15 AND 1520, EXCEPT WITH THE WRITTEN PERMISSION OF THE ADMINISTRATOR OF THE TRANSPORTATION SECURITY ADMINISTRATION OR THE SECRETARY OF TRANSPORTATION. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR OTHER ACTION. FOR U.S. GOVERNMENT AGENCIES, PUBLIC DISCLOSURE IS GOVERNED BY 5 USC 552 AND 49 CFR PARTS 15 AND 1520.

ASD-02 (Revision 11-17-26)

PROCEDURES AND RESPONSIBILITIES AGREEMENT

Please initial each line item.

_____1. **SCREENING NOTICE:** Any employee holding a credential granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

_____2. ID Badge holders must wear ID badge at all times while in the Air Operations Area (AOA) or Security Identification Display Area (SIDA). ID badge holders must challenge individuals who are not displaying the Airport ID Badge and either place them under escort or request assistance from Airport Police (303-7730) to remove the individual(s) from the AOA or SIDA. Individuals being escorted must have a government issued ID in their possession at all times.

_____3. Airport ID badges must be visibly displayed on the outermost garment above the waistline at all times while in the AOA or SIDA.

_____4. Airport ID badges and keys are not transferable between employees. The Airport ID badge and keys will not be shared or loaned to any other person.

_____5. The New Orleans Aviation Board reserves the right to revoke the ID badges and keys whenever such action is determined to be in the best interest of Airport security.

_____6. Airport ID badge and key holders must immediately notify the Airport Security Department of loss or theft of Airport ID badge and or keys.

REPLACEMENT BADGE	**DRIVER REINSTATEMENT**	**KEY REPLACEMENT**
$200.00	**$40.00**	**$200.00**

All fees are payable to the New Orleans Aviation Board.

_____7. A non-refundable fee of $35.00 is required prior to issuance of the Airport ID Badge to contractors.

_____8. All Airport ID badges and keys remain the property of the New Orleans Aviation Board and must be surrendered upon demand by Airport Security, Airport Police or Airport Operations.

_____9. The Airport ID badge, and keys must be returned to the Airport Security Department within 5 business days after the termination of employment or immediately upon denial of access privileges. **A $200.00 charge will be assessed for all badges and keys not returned.**

_____10. If applicable, I understand that I must attend the Airport Driver Training class prior to receiving my access privileges to remote perimeter gates leading to the AOA or SIDA areas. Employees whose work related duties require driving in the secure areas of the airport must take the Movement Driver Training class **every year.** Employees required to drive at MSY must renew their driving training within 30 days prior to the badge holder birthdate or 30 days prior to the badge holder last Driver Training date.

_____11. I will ensure proper closure and locking of AOA access gates used by me.

_____12. I will not allow anyone to follow me or my vehicle through any AOA door or gate.

_____13. I agree to maintain my Driver License in good standing at all times and if my license is suspended or revoked, I will notify the Airport Security Department immediately.

I, the undersigned, have read, acknowledges, and will comply with the above ID badge holder Procedures & Responsibilities governing Airport ID Badges. Failure to comply may and can result in the loss of all Airport Access privileges.

Signature:_____ Date:_____

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