Company Registration and/or Vehicle Access Form
St. Louis Lambert International Airport
Security Operations

The sponsoring authority (noted below) requests that SIDA and/or Fleet Vehicle Access privilege to St. Louis Lambert International Airport be granted to the following company:

Application Date:_____

Company Name:_____

Type of Business _____

Contact Person:_____ Title _____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:(_____)_____ Fax: (_____)_____

E-Mail Address: _____

Employee titles (e.g. Cashier, Mechanic, Manager, Technician, etc):

_____

_____

As the Sponsoring Authority, I certify that the above-named company requires access to the St. Louis Lambert International Airport. I have the ability to request the issue of an Airport Identification badge, in addition to vehicle access for my company and any vendors or subcontractors. I understand that all vendors and contractors must be registered and badged under their own company name, and that a criminal history record check and Security Threat Assessment must be accomplished for each badge applicant.

As an authorized signatory, I understand that access should only be granted based on an operational need. This pertains to badge color designation, requested access levels, and the requirement to operate a motorized vehicle within the AOA/SIDA.

As an authorized signatory, I further understand and acknowledge that I am responsible for ensuring that the below-described policies, rules, and regulations are enforced:

- Airport I.D. badges are returned to the Airport Authority when access is no longer required
- Deletion forms and notifications regarding threat situations are handled properly
- Correct procedures are followed for the preparation of badge applications and related forms
- Compliance with the annual badge and key audits

As an authorized signatory, I understand that it is my responsibility to ensure that all companies sponsored by me understand the rules and regulations regarding badges. I further understand that failure to perform my duties in a responsible and appropriate manner may result in the termination of my authorized signatory privileges. I will contact the Security Operations Divition to ask questions and to seek clarifications regarding any of my responsibilities as an authorized signatory.

Company Name:_____

Authorizing Agent's Name:_____

Telephone:(_____)_____ Fax: (_____)_____

E-Mail Address:_____

The above sponsored company will require ___ SIDA ___ Non-SIDA access (Check all that apply)

Automated vehicle access is requested for entrance through these Gates (i.e., 17S, 7S, etc.):

(If access to all gates is required, enter the word "All" in the first box. If no gate access is required, enter the word "None" in the first box)

Authorizing Agent's Signature:_____

Reviewed/Approved by:_____

Code:_____

Form revised: 061223 LRC