



CRIMINAL HISTORY RECORDS CHECK

DATE: _____

I _____, representing _____
(Print - Authorized Signer) (Airline Name)

do hereby certify that a criminal history records check through fingerprint records has been completed in accordance with 1544.229.

I am requesting the individual named below be provided Security Identification Display Area Training for unescorted access and airport issued identification media to the Secured Area/SIDA.

Authorized Signature

Badge Applicant's Name

Badge Applicant's Social Security #

Date Fingerprinted

ASCFP Case Number