Authorized Signatory

This packet and all Badge Forms can be found at:

Mycvg.net/departments/badging-office

Authorized Signatory

Company: _____

Address: _____

_____

Phone Number (____)_____

Email_____

I, _____ (print name) have been designated by my Airline/Tenant/Contractor to be an authorized Signatory.

My duties will include the following notification process:

I must immediately notify the police department or ID Office when:

1. an individual's access authority has been revoked or limited
2. an individual's identification badge has been lost or stolen, or
3. the agency becomes aware that the access control system or a component of the system has been compromised or threatened through any means.

When an employee is terminated or quits with cause, the requesting agency must immediately retrieve the badge and notify the Identification Office and/or the airport police. When termination is a normal retirement, transfer, or separation, you must contact the Identification Office by the end of the next business day. Badges must be returned to the ID Office within three business days. Failure to return a badge will result in a fine. You must notify the ID Office when an employee's work authorization has expired or they no longer meet TSA badging requirements.

Failure to follow the above procedure can result in a Level 3 penalty:

1st Offense: immediate confiscation of ID by Airport police, seven day suspension-ID held until violator and supervisor go through retraining at the Identification Office.

2nd or additional offense- will be at the discretion of the Director of Operations or his designee, which could have a suspension of up to one year, or permanent revocation of ID.

Failure to follow the above procedure can also involve the TSA, which can impose a civil penalty.

By signing below, I certify that I agree to the terms above and certify that I have completed and understand the training to be an Authorized Signatory.

_____ _____

Signature Date

TC:_____ TA: _____/_____

Responsibilities of Authorized Signatory

TSA requires that each Airline/Tenant/Contractor have an employee(s) set up with the Airport ID Office to be an Authorized Signer for their respective company.

Being the Authorized Signature person means that you will be responsible for signing certain forms to begin the badging process for your employee and being in compliance with TSA on procedures pertaining to those employees. The procedures will include but not limited to semi-annual audits, notification of terminations or any change in an employee's status and be the primary contact for the ID Office and Airport Security Coordinator for any issues that arise. The signatory on the badging form gives the ID Office the acknowledgment that your company wants that employee to begin the process or make changes to a current badge. The Authorized Signatory must complete the required steps that the TSA sets forth to acquire a badge; Criminal History Records Check, Security Threat Assessment, and SIDA Training.

The Authorized Signature Person will have to complete an initial training class when their company is requesting badges at the Cincinnati/Northern Kentucky International Airport and then a recurrent training class must be completed once a year to maintain their signatory status.

SCHEDULE OF FEES FOR CVG LOST BADGES

1ST LOST BADGE- $100.00
2ND LOST BADGE- $200.00
3RD LOST BADGE- $300.00*

* RENEWED ONLY WITH PERMISSION OF AIRPORT SECURITY COORDINATOR.

AIRLINES, PARKING & TAXI/LIMO	
STA FEE	$7.00
BADGE FEE	5.00
	$12.00
TENANTS/CONTRACTORS	
STA FEE	$7.00
FINGERPRINTING FEE	32.00
ISSUE BADGE FEE	5.00
TOTAL	$44.00

COMMUTERS:	
BADGE FEE	$50.00 Annual Fee

CONTRACTORS KEY DEPOSIT $500.00 **Per key**
Keys will only be signed out to someone holding a valid airport id.

RESUBMITTED FINGERPRINT FEE $29.00

RETURNED CHECK FEE $30.00

BADGE REINSTATEMENT FEE $25.00

NOTE: PLEASE INSURE YOU ARE ISSUED A RECEIPT FOR ANY FEES PAID.

IDENTIFICATION OFFICE
AND
TSA TRAINING CENTER SCHEDULE

HOURS OF OPERATION

MONDAY, TUESDAY, WEDNESDAY, & FRIDAY
8:00 AM-5:00PM
THURSDAY
7:00 AM-5:00 PM

FINGERPRINTING HOURS

MONDAY, TUESDAY, WEDNESDAY & FRIDAY
8:00AM-4:00 PM
THURSDAY
7:00AM-4:00 PM

SIDA TRAINING CLASSES

MON, TUES, WED, & FRI
8:00AM-4:00PM
THURSDAY
7:00AM-4:00PM

SIDA TRAINING CLASS +DRIVING

MON, TUES, WED, & FRI
8:00AM-3:30PM
THURSDAY
7:00AM-3:30PM

PLEASE ARRIVE AT LEAST 15 MINUTES EARLY
AND
HAVE ALL YOUR PAPERWORK FILLED OUT.

BADGING CHECKLIST

First Visit to ID Office

Security Threat Assessment

List of Approved ID's

CVG Fingerprint Request Form

Application for Unescorted Access

Second Visit to ID Office

CVG Badge Application Form

Fingerprint Compliance Form (For Airline & Government Only)

CVG CINCINNATI/NORTHERN KENTUCKY INTERNATIONAL AIRPORT

SECURITY THREAT APPLICATION

Last Name: _____ First Name: _____ Middle Name: _____

Company: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone #: ( ) _____

Date of Birth: _____ SS#: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: **M or F** (Circle One

Place of Birth: _____ Country of Citizenship: _____

If not a U.S. Citizen, you must provide and Alien Registration Card or Employment Authorization Card.

Alien Registration Number: _____ Non-Immigrant Visa Number: _____

Security Threat Assessment and Reporting Requirements for Individuals with Any Form of Airport Personnel Identification Media

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 or imprisonment or both. (See Section 1001 of Title 18 of the United States Code). By signing below I am also acknowledging receipt of the Privacy Act Notice:

Applicant Printed Name: _____ Date: _____

Applicant Signature: _____

Authorization to release Social Security Number

"I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202."

"I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both."

Full Name: _____

Signature: _____

Authorized Signer: _____ Phone #: _____

Email Address: _____

STA Collected by: _____ Date: _____

Approved by: _____ Date: _____

SECURITY DIRECTIVE SD 1542-04-08N

Attachment A

The Privacy Act of 1974
5 U.S.C. 552a(e)(3)

Privacy Act Notice

Authority: 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographic information to conduct a security threat assessment. Your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT). DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. 522a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Disclosure: Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information may result in denial of credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

DHS maintains a national, centralized revocation database (CRD) of individuals who have had airport operator issued identification media revoked for noncompliance with aviation security requirements. Upon initial application and each subsequent renewal application, CVG will notify current airport operator media holders and applicants that airport operator issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the CRD for five years from the date the violation occurred. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is the subject of a CRD revocation transaction wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at Aviation.workers@tsa.dhs.gov

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

If you are a U.S. Citizen born abroad or a naturalized U.S. Citizen you will need to provide a U.S Passport, a Certificate of Naturalization or a Certificate of Birth Abroad.

KENTON COUNTY AIRPORT BOARD

CVG FINGERPRINT APPLICATION

Applicant Information:

Last Name: _____ First Name: _____ Middle Name: _____

Company: _____

Birth Date: _____ SS# _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: **M or F** (Circle One)

Home Address: _____ City: _____

State: _____ Zip: _____ Phone: ( ) _____

Country of Birth: _____ State/Province/Region of Birth: _____

If not a U.S Citizen, you must provide us with current Employment Authorization paperwork.

Alien Registration # _____ Non-Immigrant Visa # _____

The information that 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 on this application can be punished by fine or imprisonment of both. (See Section 1001 of Title 18 United States Code).

Applicant Signature: _____ Date: _____

As an authorized representative of the Tenant identified above, I confirm that the Applicant identified above is an employee, prospective employee or employee of a contractor of the Tenant identified above. I further confirm the need for the Applicant to have a fingerprint-based criminal history record check for the purpose of determining qualification for unescorted access to the Security Identification Display Area (SIDA) and/or terminal sterile area. I understand that making knowing and willful false statements on this application is a punishable offense.

Authorized Signer's Printed Name: _____

Authorized Signer's Signature: _____

Date: _____

Fingerprints taken by: _____ Date: _____

APPLICATION FOR UNESCORTED ACCESS AT THE CINCINNATI/NORTHERN KY INTERNATIONAL AIRPORT

This form must be read and completed by all individuals seeking authorization for unescorted access privileges to the Security Identification Display Area (SIDA). To gain access privileges to the SIDA you will be subject to fingerprinting and a fingerprint-based Criminal History Records Check.

Full Name: _____
(Please Print)

Current Address: _____

Other Names/Aliases or Nicknames: _____

SS#: _____ Phone #: _____

Have you been convicted or found guilty of by reason of insanity of any of the following disqualifying crimes listed below, in any jurisdiction during the 10 years before the date of your application for unescorted access authority, or while you had unescorted access authority?

YES ___ NO ___ Forgery of certificates, false marking of aircraft, and other aircraft registration violations
YES ___ NO ___ Interference with air navigation
YES ___ NO ___ Improper transportation of a hazardous material
YES ___ NO ___ Aircraft piracy
YES ___ NO ___ Interference with flight crew members or flight attendants
YES ___ NO ___ Commission of certain crimes aboard an aircraft in flight
YES ___ NO ___ Carrying a weapon or explosive aboard an aircraft
YES ___ NO ___ Conveying false information and threats
YES ___ NO ___ Aircraft piracy outside the special aircraft jurisdiction of the United States
YES ___ NO ___ Lighting violations involving transporting controlled substances
YES ___ NO ___ Unlawful entry into an aircraft or airport area that serves air carriers of foreign air carries, contrary to established security requirements
YES ___ NO ___ Destruction of an aircraft or aircraft facility
YES ___ NO ___ Murder
YES ___ NO ___ Assault with intent to murder
YES ___ NO ___ Espionage
YES ___ NO ___ Sedition
YES ___ NO ___ Kidnapping or hostage taking
YES ___ NO ___ Treason
YES ___ NO ___ Rape or aggravated sexual abuse
YES ___ NO ___ Misdemeanor or Felony unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
YES ___ NO ___ Extortion
YES ___ NO ___ Armed, or felony unarmed, robbery
YES ___ NO ___ Misdemeanor or Felony distribution of, or intent to distribute, a controlled substance
YES ___ NO ___ Felony arson
YES ___ NO ___ Felony involving a threat
YES ___ NO ___ Felony involving importation or manufacture of a controlled substance
YES ___ NO ___ Felony involving burglary
YES ___ NO ___ Felony involving theft
YES ___ NO ___ Two or more misdemeanors involving theft
YES ___ NO ___ Felony involving dishonesty, fraud, or misrepresentation
YES ___ NO ___ Felony involving possession or distribution of stolen property
YES ___ NO ___ Felony involving aggravated assault
YES ___ NO ___ Felony involving bribery
YES ___ NO ___ Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment for more than 1 year
YES ___ NO ___ Violence at international airports
YES ___ NO ___ Conspiracy or attempt to commit any of the aforementioned criminal acts listed in this paragraph
YES ___ NO ___ Misdemeanor or felony theft of any type, which theft occurred at or in connection with the Airport

I hereby signify that I do not presently have a disqualifying criminal offense, and that I must advise the airport authority within 24 hours if I am convicted of any disqualifying criminal offense that occurs while holding unescorted access privileges. 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 under section 1001 of Title 18 United States Code.

Signature: _____ Date: _____

KENTON COUNTY AIRPORT BOARD
FINGERPRINT-BASED CRIMINAL HISTORY CHECK

TO BE COMPLETED BY APPLICANTS REQUESTING SIDA ACCESS PRIVILEGES

In Accordance with FAR 1542.209 and FAR 1544.229

I have been advised that the Kenton County Airport Board must collect, control and process on set of legible classifiable set of fingerprints under the direct observation of the Kenton County Airport Board's direct employee.

I am under continual obligation to disclose to the Kenton County Airport Board within 24 hours of convictions of any disqualifying criminal offense or having been found not guilty by reason of insanity that occurs while I have unescorted access authority. I will surrender the Kenton County Airport Board's badge immediately. I will also notify the Kenton County Airport Board in the future of any arrest on suspicion of any of the disqualifying crimes.

I have been advised that a copy of the criminal record received from the FBI will be provided to me, if requested in writing.

I have been advised that the Kenton County Airport Board security coordinator is my point of contact if I have questions about the results of the criminal history records check.

I have been advised that I will be notified by the airport authority of a final decision to grant or deny unescorted access authority.

I have been advised that if a disqualifying crime has been disclosed, I will have 30 days to notify the airport authority in writing of my intention to correct information that is incorrect. If notification to correct record is not made within 30 days, a final decision to deny access will be made.

I understand that if my fingerprints cannot be classifiable, I will be fingerprinted a second time.

I also understand that if my hands of fingers will not render a classifiable set of prints because of injury or missing digits, my employer will submit a 10-year work history and a 5-year verification.

_____ _____

Applicant's full printed name Date

_____ _____

Applicant's Signature Date

Concession Employee Badge Application

Concessionaire Employees may have one of two types of badges. A Sterile Area Only badge will permit access to the concession areas in the concourses. A SIDA badge will permit unescorted access beyond the concourses and onto the ramp. It is up to the Signatory Authority to fill out this form to request a specific badge type for any Concessionaire Employee. ID issued to Concessionaire employees will be limited to the Sterile Area Only badge unless the Signatory Authority provides information demonstrating a specific operational need that the employee **routinely** needs ID that authorizes unescorted secure area access (i.e. a SIDA badge). NOTE: It will be the responsibility of the Signatory Authority to notify the Airport Security Coordinator if this operational need changes.

Specific Operational Need may be demonstrated by, but is not limited to, the following elements:

- Need to take out trash to dumpsters located on the ramp
- Need to take out waste oil or food products to containers located on the ramp
- Need to accept deliveries from escorts

These applications will be reviewed by the Airport Security Coordinator, or a designee.

NOTE: The employee MUST be 18 years old or older to receive a SIDA badge.

Employee's Name: _____

Employee's Job Title: _____

Company: _____

Signatory Authority Name: _____

Contact Number: _____

If requesting a SIDA badge, please state the specific operational need for this employee to have **routine** ramp access:

_____

_____

_____

_____

[For KCAB use only – Do NOT Write Below This Line]

This employee may be issued a:

☐ Sterile Area Only badge

☐ SIDA badge

_____

Willie Carter, Airport Security Coordinator

KENTON COUNTY AIRPORT BOARD

CVG BADGE APPLICATION

☐ New Applicant ☐ Replacement Badge (lost/stolen) ☐ 6 Month Renewal ☐ Remove E ☐ Add E ☐ Add Driving

☐ Remove Driving ☐ Remove Customs ☐ Change Badge Type ☐ Name Change

Applicant Information:

Name: _____ Birth Date: _____

Company: _____ Position: _____

Height: _____ Weight: _____Eye: _____Hair: _____Sex: _____SS#: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone ( ) _____

Emergency Contact Person: _____ Phone # ( ) _____

By signing my name below I affirm that the above information is correct and I acknowledge that I have read, reviewed and that I understand the Rules and Regulations of the Airport which can be found at mycvg.net/departments/badging-office and I agree to abide by these documents while on the Airport. Once my employment has ended, I will return my badge to the Kenton County Airport Board or the above company. I am aware that if I do not return my badge that I will be responsible for any penalties or fees.

Signature: _____ Date: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED COMPANY OFFICIAL

Ramp Vehicle Oper. _____ Yes _____ No

If Yes:
Driver's License # _____ State: _____

Department # (If Applicable)

_____

Check One Badge Type

_____ Secured Area (Solid)

_____ Vendor/Tenant (Checkered)

_____ Parking Only

_____ Commuter

As an authorized representative of the Tenant/Airline identified above, by signing below, I confirm that the Applicant identified above is an employee of the Tenant/Airline identified above and is requesting a badge through the Kenton County Airport Board.

Authorized Signer's Printed Name: _____

Authorized Signer's Signed Name: _____

Date: _____

Badge Created By: _____ Date: _____

For Government:

I certify that _____has complied with, and will
(Government Agency)
continue to comply with, the provisions of 49 CFR 1542, including 49 CFR 1542.209, as it pertains to the fingerprint based criminal history records check for
_____'s employment.
(Employee or Contract Employee)
I therefore request that this employee be granted unescorted access to the Security Identification Display Area (SIDA) at CVG.

Authorizing Person _____

Signature _____ Date _____

CHRC Case #_____

For an Air Carrier or Airline:

I certify that _____ has complied with, the provisions of
(Airline)
49 CFR 1544.229 as it pertains to the fingerprint based criminal history records check for _____'s employment.
(Employee or Contract Employee)

I further certify that:

- The individual has undergone a CHRC in accordance with the requirement of 49 CFR 1544.229 or 1544.230 and has been enrolled into the FBI Rap Back system.
- A copy of the Privacy Act Notice from Attachment A of the SD 1542-04-08 series was provided to the employee.
- The application for a fingerprint-based CHRC was submitted on: _____
- The CHRC result was received on: _____
- RBSI:_____
- Rap Back Subscription Date:_____
- The result indicates no record of a conviction, or a finding of not guilty by reason of insanity, for any disqualifying criminal offense under 49 CFR 1544.229 or 1544.230.

I therefore request that this employee be granted unescorted access to the Security Identification Display Area (SIDA) at CVG.

The completed CHRC, or this certification, must be on file with the airport operator no later than 45 calendar days after the expiration of the individual's current ID media.

Authorizing Person _____

Signature _____ Date _____

Important Phone Numbers

ID Office: 859-767-3171

Rose Martin
Identification Manager
859-767-3171
rmartin@cvgairport.com

Nicole Love
Security Compliance Specialist
859-767-1402
nlove@cvgairport.com

Ava Ramirez
Identification Specialist
859-767-1405
aramirez@cvgairport.com

Cullen Hunt
Identification Specialist
859-767-1403
cahunt@cvgairport.com

Cheryl Fogle
Identification Specialist
859-767-1404
cfogle@cvgairport.com

Airport Police: 859-767-3123

Willie Carter
Airport Security Coordinator
859-767-0046
wcarter@cvgairport.com

Jason Bradhold
Risk Manager
859-767-3116
jbradhold@cvgairport.com
*Contact to post insurance for ramp driving

Airport Operations: 859-767-7777
*Contact for hands on ramp driver training

Procedures for New Companies applying for Badges

For each new company that is requesting badging at the Cincinnati/Northern Kentucky International Airport, the following steps need to be completed:

1. You will need to fill out the new company request form and email it to wcarter@cvgairport.com. The form can be found at mycvg.net

2. Once your request has been approved, whom ever is going to be the authorized signer for your company will need to contact the ID office to receive paperwork and set up the Authorized Signatory Training

Requests need to be emailed to:

Willie Carter- Airport Security Coordinator
Email: wcarter@cvgairport.com

859-767-0046

After approval contact:

ID Office: 859-767-3171
Rose Martin rmartin@cvgairport.com
Nicole Love nlove@cvgairport.com

General Information

The ID Office will not accept photocopies of ID's, we have to have the originals.

We can not accept a hospital birth certificate (has the feet print on it)

We do not accept fax copies of paperwork, only originals.

Security Threat Assessments take anywhere from 3 days to 2 weeks to be approved.

We will notify the Signatory when an employee is ready to be badged. Please do not have employees call to check on their status, we will not tell them the result.

If a Criminal History Records Check comes back positive, and that record needs to be adjudicated; only the employee will be notified. We can not release any information to the employer about that employee's criminal record.

Payment options are cash, check, MasterCard or Visa. You can pay for everything up front or just pay as you go but we can only accept payment for the employees that are here and ready to be processed.

Audits

We audit twice a year, and you will be the primary point of contact for that audit.

We will send you an audit of active employees, any corrections will need to be made and sent back to the ID Office. Quite frankly there should be no corrections on an audit except for recent terminations.

You can contact the ID Office and request a list of active employees at anytime. Failure to keep accurate records of your employees can result in serious penalties from the airport and the TSA.

We will give the company a deadline for the audit to be complete. If that deadline is messed, then all badges in that company will be deactivated until the audit is returned.

We will also do "spot" audits throughout the year. Spot audits will include you providing us a list of employees to compare to our list.

Because auditing is so important to us and the TSA, please remember to keep an updated email or telephone number with the ID office.