



Allegheny County Airport Authority
PITTSBURGH INTERNATIONAL AIRPORT

Landside Terminal, 4th Floor Mezz.
P.O. Box 12370
Pittsburgh, PA 15231-0370

ph: 412-472-3500

www.FlyPittsburgh.com

STERILE AREA PASS (SAP) REQUEST FORM

Employer Requesting Access for a Person to Perform Work:

I (*print name*) _____, badge number _____ employed by _____, am requesting Sterile Area access for (*print person's name*) _____ that is employed by _____. I am requesting this pass so that the individual may perform work for our company to (*list operational need*) _____ on (*date*) _____.

I am a Security Liaison/Supervisor in charge, or Manager (circle one) and understand that this pass is only valid for the date requested. I recognize that this program is reserved for those requiring a one-time need to enter the sterile area. Full time employees must obtain a photo ID badge before entering the sterile area. I further understand that the misuse of this pass is punishable by fines and legal actions taken by the Transportation Security Administration (TSA) and the Allegheny County Airport Authority (ACAA).

Signature of Security Liaison/Manager or Supervisor

Date

Person Performing Work:

I (*print name*) _____, employed by _____, understand that this pass is for one day only and must be kept with me at all times while in the sterile area. I also understand that I must provide my name, date of birth, and a valid government issued ID (drivers license, state issued ID, passport), or current school ID to the ACAA, Allegheny County Police and/or the TSA for vetting and to receive this pass. I understand that the issuance of this Security Access Pass (SAP) is for a specific operational need only. Any misuse of this pass will be punishable by fines, or corrective actions administered by the TSA and the ACAA.

Signature

DOB _____

ID presented _____

Printed Name

Approved by (ACAA, ACPD employee) _____ Date: _____