



ALLEGHENY COUNTY  
AIRPORT AUTHORITY

Pittsburgh International Airport

Landside Terminal, 4th Floor Mezz.

PO Box 12370

Pittsburgh, PA 15231-0370

p: 412.472.3500

## STERILE AREA PASS (SAP) REQUEST FORM

### Tenant Sponsor 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) \_\_\_\_\_ (time) \_\_\_\_\_

I am an Authorized Signatory/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 Authorized Signatory/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 I must have any tools needed under my control at all times and not left unattended for any amount of time. 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: \_\_\_\_\_



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