Access/Identification Media Renewal/Change Form

Must present two unexpired forms of ID (First and Last Names must match exactly)

PERSONAL INFORMATION (Please either type or write legibly – Cannot both type and write on form).

EMPLOYER NAME _____

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SOCIAL SECURITY NUMBER _____

COUNTRY OF CITIZENSHIP _____

DRIVER'S LICENSE NUMBER
(IF NO DRIVER'S LICENSE, LEAVE BLANK) _____ STATE _____ EXPIRES _____

REQUEST FOR CHANGES (ONLY MARK THIS SECTION IF MAKING A CHANGE TO CURRENT BADGE)

CHANGE BADGE TO:
MUST CHECK ONLY ONE

SECURED ☐ STERILE ☐ AIRPORT WIDE ☐ CARGO AREA ☐ GENERAL AVIATION ☐ MRO ☐

DRIVER'S TRAINING	**RAMP** ADD ☐ REMOVE ☐	**AOA** ADD ☐ REMOVE ☐	**ACTAXI/TWY** ADD ☐ REMOVE ☐
SPECIAL DESIGNATIONS	**FIS** (MUST HAVE APPROVAL FROM CUSTOMS TO ADD)		ADD ☐ REMOVE ☐
	ESCORT (ATTACH ESCORT FORM)		ADD ☐ REMOVE ☐
	ARMED (APPROVED LEO ONLY)		ADD ☐ REMOVE ☐

APPLICANT ACKNOWLEDGEMENT

THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO MY BEST 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. (SECTION 1001 OF TITLE 18 UNITED STATES CODE.)

APPLICANT SIGNATURE _____ DATE _____

AUTHORIZED SIGNATORY CERTIFICATION

I HEREBY CERTIFY THAT ALL CONDITIONS OF TSA REGULATION 49CFR, PARTS 1540, 1542, 1544 AND 1546 HAVE BEEN MET. I FURTHER CERTIFY THAT THE ORGANIZATION THAT I REPRESENT ASSUMES RESPONSIBILITY FOR ALL FINES OR OTHER PENALTIES IMPOSED BY THE TSA UPON METROPOLITAN NASHVILLE AIRPORT AUTHORITY FOR ANY VIOLATION(S) BY THIS APPLICANT. I UNDERSTAND THAT ANY INTENTIONALLY FRAUDULENT OR FALSE STATEMENTS IN ANY APPLICATION FOR ANY SECURITY PROGRAM, ACCESS MEDIUM OR IDENTIFICATION BADGE IS A VIOLATION OF TSR 1540.103 AND UNITED STATES CODE TITLE 18, SECTION 1001. I MAY BE PERSONALLY SUBJECT TO FEDERAL CIVIL PENALTIES AND CRIMINAL PROSECUTION.

I, _____ APPROVE _____ 'S MEDIA
AUTHORIZED SIGNATORY'S NAME (PLEASE PRINT) APPLICANT'S NAME (PLEASE PRINT)

APPLICATION FOR _____ _____ _____
COMPANY NAME (PLEASE PRINT) AUTHORIZED SIGNATORY'S SIGNATURE DATE

IDENTIFICATION OFFICE USE ONLY

TRUSTED AGENT _____ DATE OF AUDIT _____

5/15/2026

MNAA Badge Holder Responsibilities

General Security Responsibilities

As an MNAA badge holder I understand and will comply with the following requirements:

My MNAA badge is the property of the Airport Authority. Any MNAA representative is allowed to inspect my badge to verify personal identification and to ensure compliance with current regulations.

_____ **INITIAL**

My MNAA badge must be returned immediately to the identification office if any of the following occur: resignation, termination, transfer, lay off, or for any other reason the badge is no longer needed.

_____ **INITIAL**

My MNAA badge is for Official Use Only. I will not tamper with, mutilate, loan, borrow, or reproduce my badge in any manner.

_____ **INITIAL**

I understand that I am subject to both criminal history and background record checks. I also understand that I am required to immediately report any changes to my criminal history to the MNAA ID Office.

_____ **INITIAL**

I will keep my badge secured at all times and I will also keep my Personal Identification Number (PIN) confidential.

_____ **INITIAL**

I will not access, or attempt to access, any area of the airport without a valid OPERATIONAL NEED.

_____ **INITIAL**

I will not bring, carry or transport any items on the TSA Prohibited Item List on to airport property without a valid operational need.

_____ **INITIAL**

I understand that the Shuttle Station and Satellite Concourse is not accessible from the RAMP and I must utilize the shuttle bus provided from the main terminal.

_____ **INITIAL**

I acknowledge the above responsibilities:

PRINT NAME _____

COMPANY _____

SIGNATURE _____ **DATE** _____

MNAA Badge Holder Responsibilities

Challenge Program Responsibilities

As a BNA Badge Holder I understand that:

1. I am responsible for challenging any person or persons, not properly wearing or displaying their BNA badge within the Airport Operations Area (AOA), Secured Area (SA), or Security Identification Display Area (SIDA).

_____ **INITIAL**

2. I am responsible for challenging an individual and for verifying the following: (a) the individual challenged is in possession of a BNA badge, (b) the badge is not expired, (c) the picture matches the individual being challenged and (d) the individual is in an authorized area.

_____ **INITIAL**

3. I am responsible for immediately reporting any individual that refuses to comply with my request to challenge to the Airport Communications Center at 615-275-1703.

_____ **INITIAL**

4. I understand that if I fail to follow the above challenge procedures I am subject to a Breach of Rules which cares the following penalties:

As a BNA Badge Holder I understand that:

a. 1st Breach of Rules – access suspended for 48 business hours
b. 2nd Breach of Rules – access suspended for 72 business hours
c. 3rd Breach of Rules – access suspended for six months

_____ **INITIAL**

PRINT NAME _____

COMPANY _____

SIGNATURE _____ **DATE** _____

NOTE: Individuals that dispute the receipt of a Breach of Rules must do so in writing to the Airport Security Coordinator (ASC) within 5 business days. The ASC will review the incident and issue a decision. All decisions by the ASC are final.

BNA
Nashville International Airport®

SMS Safety Policy Statement

At the Metropolitan Nashville Airport Authority (MNAA), safety stands as our paramount priority. Safety is a core value that we ingrain across our operation. We are committed to maintaining a safe and secure environment for all employees, partners, tenants, and the public. Our Part 139 regulated Safety Management System (SMS) is designed to identify, assess, and mitigate risks and to foster a culture where every employee and leader within our organization recognizes they are responsible for safety.

MNAA is committed to implementing an SMS through the following objectives:

- Integrating safety into all aspects of the Airport's operations, eliminating its perception as a separate compliance obligation
- Providing the necessary resources to execute our SMS program
- Identifying hazards, assessing their risk, and developing and implementing pragmatic mitigation strategies in collaboration with our partners, where appropriate and where possible
- Providing a reporting tool which ensures confidentiality for Airport staff and key stakeholders to ensure that safety concerns and/or hazards are reported
- Pursuing continuous improvement by systematically measuring safety performance indicators
- Engaging all stakeholders in the safety process through various means of collaboration
- Holding MNAA managers and leaders accountable for integrating safety into all aspects of the Airport's operations
- Providing thoughtful training programs to increase knowledge of staff with key roles in and functions within the Airport's SMS program

Every employee and leader bear the responsibility for our safety performance, underscoring our collective commitment to safety excellence.

Pick Safety. It's Everyone's Responsibility.

Adam Floyd, A.A.E
EVP & Chief Operating Officer
Metropolitan Nashville Airport Authority

☐ I acknowledge that I have read and understand the SMS Safety Policy Statement

Name	Signature	Date

Effective 5/27/2026