

# ESCORT PRIVILEGE TRAINING AGREEMENT

All applicants requesting Escort Privilege must review and and complete the form below.

**Escort** means to accompany or monitor the activities of an individual who does not have unescorted access authority into or within a Secure Area or Security Identification Display Area (SIDA). Escort privilege is noted on the front of a badge by a red "E."



## Applicant Information:

**Full Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

1. I understand that only person(s) and/or vehicle(s) with an "operational need" for access may be escorted into SIDA, Secure Areas, Sterile Areas, Restricted Areas and/or Aircraft Operations Areas (AOA). Initial: \_\_\_\_\_

2. I understand that I am responsible for the actions of any person(s)/vehicle(s) under my escort. Initial: \_\_\_\_\_

3. I understand that I must be able to control the actions of the individual(s)/vehicle(s) I am escorting noted in item 1. Initial: \_\_\_\_\_

4. I understand that I must maintain a visual sight and vocal range contact with the individual(s) and not become involved in any other activity besides the responsibility of my my escort. Initial: \_\_\_\_\_

5. I understand that once I begin escort I am responsible for the person(s) until they exit the area or I receive an acknowledgement of acceptance of escort from another authorized person. Initial: \_\_\_\_\_

6. I understand that all vehicles I escort into a secure or restricted area must remain under escort until they exit the area. All vehicles in the Secure Area under my escort must be clearly marked with company name and/or Airport issued vehicle media. Initial: \_\_\_\_\_

7. I will notify, by the most expedient means available, Airport Operations at 803-822-5050 and/or Airport Public Safety at 803-822-5025 immediately upon any deviation from these rules. Initial: \_\_\_\_\_

8. I acknowledge that I have been trained in the rules, regulations and requirements of proper escort of persons in the SIDA, Secure Areas, Sterile Areas, Restricted Areas and/or AOA according to the requirements of the Airport Security Plan as specified by TSA Regulations 49 CFR 1542. Initial: \_\_\_\_\_

9. **I agree that the information provided on this Request Form is true, complete and correct to the best of my knowledge. I understand that knowing and/or willful false statements on this Request can be punished by fine and / or imprisonment. (See section 1001 of Title 18 of the United States Code)** Initial: \_\_\_\_\_

## Applicant Verification:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_