



**ACCESS
CONTROL**

AMF Box 145550, Salt Lake City, UT 84114
Phone: 801-575-2423, FAX: 801-575-2377

**SALT LAKE CITY INTERNATIONAL AIRPORT
REQUEST FOR INTERPRETER**

SECTION 1 – COMPLETED BY TRAINEE

Last Name		First Name		Middle Name
Social Security Number	Date of Birth		Training Type (SIDA/PAO/GA)	
Employer			Sponsor Company	

SECTION 2 – COMPLETED BY INTERPRETER

Last Name		First Name		Badge Number
Employer			Sponsor Company	

SECTION 3 – AUTHORIZING AGENT CERTIFICATION

My signature below certifies that I have reviewed the training procedures with the trainee and the interpreter. Further, I have verified that the trainee and the interpreter do not have a friend or family relationship. I have explained to the interpreter that if he/she is found to be providing answers to the trainee, his/her badge will be revoked for a period of time determined by the Airport Security Coordinator.

Authorizing Agents Name: (Print)			
Authorizing Agents Signature:			
Phone:	Date:	Valid for 30 days after signed and dated	

ACCESS CONTROL OFFICE USE ONLY

Interpreter ID Verified By:	Date:	Training Type:
1 st Training Date:	2 nd Training Date: (If Applicable)	3 rd Training Date: (If Applicable)
Comments:		