

SALT LAKE CITY DEPARTMENT OF AIRPORTS REQUEST FOR INTERPRETER



Badge #

Person ID #

**SECTION 1
COMPLETED BY TRAINEE**

Last Name	First Name	Middle Name
Training Type: <input type="checkbox"/> AOA <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GA <input type="checkbox"/> GATE GUARD <input type="checkbox"/> HANGAR <input type="checkbox"/> SIDA <input type="checkbox"/> SIDA/AOA <input type="checkbox"/> SPAO		
Employer	Sponsor Company	

**SECTION 2
COMPLETED BY INTERPRETER**

Last Name	First Name	Badge Number
Employer	Sponsor Company	

By signing this agreement, I verify that I understand the following rules:

- I will not touch the screen for any reason besides helping the individual login to the training system.
- I will not give the answers to the individual taking the training.
- I understand that I may read the question and/or answer options out loud and may change the words in the question and/or answer options without revealing the correct answers.
- I understand that any improper or unethical assistance will result in the revocation of both my badge and the trainee's badging privilege.
- I understand that if I am an authorized signer, any improper or unethical assistance will result in permanent revocation of my signing authority.

Interpreter's Signature: _____ Date: _____

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 AGENT NAME (Print):			
AUTHORIZING AGENT SIGNATURE:			
Phone: ()	Date:	DO NOT SIGN UNTIL APPLICATION IS COMPLETED Valid for 30 days after signed and dated	Signature Checked By

**SECTION 4
ACCESS CONTROL USE ONLY**

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