

# LaGuardia Airport

## Request for Temporary Access to the Sterile Area

\*72 HOURS ADVANCE NOTICE IS REQUIRED!\*

REQUEST INITIATED ON (DATE )

REASON FOR ESCORT

### INSTRUCTIONS

- 1 Type the person(s) information on this form. Hand-written requests will not be accepted.
- 2 Name must match with the ID credentials that will be presented at the checkpoint.
- 3 Submit the completed form to [LGAVendorRequests@panynj.gov](mailto:LGAVendorRequests@panynj.gov) at least 72 hours in advance of the intended access date.
- 4 The TSA Coordination Center will contact the airport employee listed on this sheet to notify of any denials.
- 5 The appropriate TSA Checkpoint(s) will maintain a copy of the approved individuals.
- 6 All rules and regulations pertaining to escorting at LGA Airport applies.

#	DATE OF ENTRY		VENDOR NAME	TERMINAL & CHECKPOINT LOCATION	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (MM/DD/YYYY)	ESCORTED BY
	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)							
1									
2									
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LaGuardia Airport Employee Point of Contact for any questions pertaining to this request

Last Name	
First name	
Badge ID ( Front ID #)	
Phone Number	
E-mail ID	