

## APPLICATION FOR AIRPORT IDENTIFICATION MEDIA

APPLICATION MUST BE TYPED. APPLICANTS MUST COMPLETE SECTIONS 1-5 . PLEASE DO NOT LEAVE BLANK SPACES, IF NOT APPLICABLE, MUST ENTER N/A.

**A COPY OF REQUIRED DOCUMENTATION FOR IDENTIFICATION & WORK AUTHORIZATION MUST ACCOMPANY THIS DOCUMENT AT TIME OF SUBMISSION**

Badge #: \_\_\_\_\_

SECTION 1 - APPLICANT INFORMATION			Present proper forms of identification from the List of Acceptable Documents at your scheduled badging appointment. All documents must be original and unexpired.			
Last Name:		First Name:		Middle Name:		
Nickname(s), Alias(es), AKA(s):						
Date of Birth (MM/DD/YYYY):			U.S. Social Security Number (999-99-9999):			
Home Address (As Listed on Driver's License):			City:	State:	Zip Code:	
Current Residence (If Different from Driver's License):			City:	State:	Zip Code:	
Driver's License Number:		License State:		License Expiration Date (MM/DD/YYYY):		
Contact Phone Number:			Email Address:			
Sex: Male Female	Race:	Height:  ft      in	Weight:  lbs	Eye Color:	Hair Color:	
Company Phone #:		Company/T-Hangar Name:			Position:	
SECTION 2 - CITIZENSHIP INFORMATION			Mark one (1) citizenship status box below and answer the corresponding questions.			
Country of Citizenship:		Country of Birth:		State of Birth (if Born in the U.S.):		
<b>U.S. Citizen Born in the U.S. or its territories</b> <small>Must provide at least TWO of the following ORIGINAL and UNEXPIRED documents:</small>			<b>Non-U.S. Citizen</b> <small>Must provide ORIGINAL and UNEXPIRED <b>passport</b> document along with a second I-9 acceptable work authorization document:</small>			
1. U.S. Passport #: _____ 2. Driver's License #: _____			1. Passport #: _____ Passport Issuing Country: _____			
3. U.S. Birth Certificate 4. Social Security Card			2. Non-Immigrant Visa Control #: _____ 3. Employment Authorization Card - Alien Registration Number (ARN): _____			
<b>Naturalized or Born Abroad U.S. Citizen</b> <small>Must provide at least ONE of the following ORIGINAL and UNEXPIRED documents along with a second I-9 acceptable ID or work authorization document:</small>			4. I-94 Arrival/Departure Form #: _____			
1. U.S. Passport #: _____ 2. Cert. of Naturalization Number (ARN or INS): _____ 3. Cert. of Birth Abroad (Form DS-1350): _____						
<b>Permanent Resident</b> <small>Must provide the following ORIGINAL and UNEXPIRED document along with a second I-9 acceptable ID or work authorization document:</small>						
1. Alien Registration Number (ARN): _____						
<b>The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both. (See Section 1001 of Title 18 of the United States Code).</b>						
Signature:			Date:			

**SECTION 3 - APPLICANT AGREEMENT**

Carefully read this section. Applicant must complete the bottom of this section.

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration Enrollments Services and Vetting Programs Attention: Vetting Programs (TSA-10/Aviation Worker Program), 6595 Springfield Center Drive Springfield, VA 20598-6010.

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Full Name (Typed):

Date of Birth:

Social Security #:

Signature:

**SECTION 4 - APPLICANT RESPONSIBILITIES**

Carefully read this section. Applicant must sign and date the bottom of this section.

1. All identification media is the property of the Sanford Airport Authority.
2. Identification media is not transferrable. Do not let anyone use your badge.
3. Applicant must immediately notify their employer or the Sanford Airport Authority of loss or theft of identification media (a fee will be assessed for replacement of identification media).
4. The Sanford Airport Authority reserves the right to revoke or deny authorization of an individual for identification media where such action is determined to be in the best interest of airport security.
5. Identification media must at all times be visibly displayed on the upper portion of the body (from neck to waist) of outer most garment in secured areas (Sterile Area, SIDA and AOA).
6. Individuals given identification media are responsible for challenging any individual who is not displaying authority issued identification media. Any person who is not displaying or cannot produce valid identification media should be referred to the Sanford Airport Authority Police Department and/or Sanford Airport Authority Operations.
7. All individuals under escort in secured areas (Sterile Area, SIDA and AOA) must be under the close visual observation and supervision of an individual with authority issued photo identification media and in designated Sterile and SIDA areas must have the proper escort authorization displayed on the authority issued photo identification media.
8. Construction identification media are valid only to, from and at the designated construction site.
9. I understand that I am subject to inspection by proper personnel any time that I am in the Sterile Area, SIDA, or AOA and will comply with all inspection requirements.
10. Identification media must be returned to your employer or the Sanford Airport Authority upon termination of your employment, contract or need to access the Authority's secured areas. A \$250.00 penalty fee will be imposed for any badges returned more than 30 days after the badge expiration/ deactivation date.
11. I fully understand that there will be a fee for processing the application and charges for replacement of lost badges will be in accordance with the Security Manual.
12. I also understand that I have a continuing obligation to disclose to the airport operator (Sanford Airport Authority) within 24 hours if I am arrested and/or convicted of any criminal offense that occurs while I am granted unescorted access authority.

**Screening notice:** Any employee holding a credential, granting access to a Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.

Aviation workers are subject to screening for unauthorized weapons, explosives and incendiaries. Non-compliance with SFB aviation worker screening policy could result in penalties, which may include confiscation of their airport issued media and/or revocation of unescorted access authority.

I have read, understand and accept the above responsibilities governing the Sanford Airport Authority's identification badges.

Signature:

Date:

APPLICANT NAME: \_\_\_\_\_

**Have you ever been convicted of or found guilty by reason of insanity of any of the following crimes within the last ten (10) years:**

YES	NO	Please check yes or no:
		Forgery of certificates, false marking of aircraft, and other aircraft registration violation;
		Interference with air navigation;
		Improper transportation of a hazardous material;
		Aircraft piracy;
		Interference with flight crew members or flight attendants;
		Commission of certain crimes aboard aircraft in flight;
		Carrying a weapon or explosive aboard aircraft;
		Conveying false information and threats;
		Aircraft piracy outside the special aircraft jurisdiction of the United States;
		Lighting violations involving transporting controlled substances;
		Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements;
		Destruction of an aircraft or aircraft facility;
		Murder;
		Assault with intent to murder;
		Espionage (the act or practice of spying to obtain secret intelligence);
		Sedition (behavior or language that brings about rebellion against the established authority of the state);

YES	NO	Please check yes or no:
		Kidnapping or hostage taking;
		Treason (violation of allegiance toward one's country of sovereign, especially the betrayal of one's own country);
		Rape or aggravated sexual abuse;
		Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon;
		Extortion (to obtain by coercive means, as threats or intimidation);
		Armed or felony unarmed robbery;
		Distribution of, or intent to distribute, a controlled substance;
		<b>Felony involving:</b>
		Felony arson;
		Felony involving a threat;
		Willful destruction of property;
		Importation or manufacture of a controlled substance;
		Burglary;
		Theft;
		Dishonesty, fraud, or misrepresentation;
		Possession or distribution of stolen property;
		Aggravated assault;
		Bribery;
		Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year;
		Violence at international airports;
		Conspiracy or attempt to commit any of the above acts;

**If you have been convicted of any of the preceding, please mark and give dates of conviction: *If not applicable, please type N/A***

I have read and understand the criminal history as listed on pages 1, 2 & 3. The information I have provided on this application is true, complete, and correct to the best of my 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).

I also understand that I have a continuing obligation to disclose to the airport operator (Sanford Airport Authority) within 24 hours if I am arrested and/or convicted of any criminal offense that occurs while I am granted unescorted access authority.

**\*\*I have received, read, and understand the Privacy Act of 1974 provided on page 5\*\***

Signature:	Date:
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**APPLICANT NAME:** \_\_\_\_\_



# TSA PRIVACY ACT STATEMENT

**Authority:** 6 U.S.C. § 1140, 46 U.S.C. § 70105; 49 U.S.C. §§ 106, 114, 5103a, 40103(b)(3), 40113, 44903, 44935-44936, 44939, and 46105; the Implementing Recommendations of the 9/11 Commission Act of 2007, § 1520 (121 Stat. 444, Public Law 110-53, August 3, 2007); FAA Reauthorization Act of 2018, §1934(c) (132 Stat. 3186, Public Law 115-254, Oct 5, 2018), and Executive Order 9397 (November 22, 1943), as amended.

**Purpose:** The Department of Homeland Security (DHS) will use the information to conduct a security threat assessment. If applicable, your fingerprints and associated information will be provided to the Federal Bureau of Investigation (FBI) for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems including civil, criminal, and latent fingerprint repositories. The FBI may retain your fingerprints and associated information in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. DHS will also transmit your fingerprints for enrollment into US-VISIT Automated Biometrics Identification System (IDENT).

DHS will also maintain a national, centralized revocation database of individuals who have had airport- or aircraft operator-issued identification media revoked for noncompliance with aviation security requirements. All individuals that have successfully completed a Criminal History Records Check (CHRC) to obtain an airport-issued ID who violate aviation security requirements resulting in ID media revocation, will be added to the centralized revocation database (CRD) for a period of five years. DHS has established a process to allow an individual whose name is mistakenly entered into the database to correct the record and have the individual's name expunged from the database. If an individual who is listed in the centralized database wishes to pursue expungement due to mistaken identity, the individual must send an email to TSA at [Aviation.workers@tsa.dhs.gov](mailto:Aviation.workers@tsa.dhs.gov).

**Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act, all or a portion of the records or information contained in this system may be disclosed outside DHS as a routine use pursuant to 5 U.S.C. § 552a(b)(3) including with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with the routine uses identified in the TSA system of records notice (SORN) DHS/TSA 002, Transportation Security Threat Assessment System. For as long as your fingerprints and associated information are retained in NGI, your information may be disclosed pursuant to your consent or without your consent as permitted by the Privacy Act of 1974 and all applicable. Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

**Disclosure:** Pursuant to § 1934(c) of the FAA Reauthorization Act of 2018, TSA is required to collect your SSN on applications for Secure Identification Display Area (SIDA) credentials. For SIDA applications, failure to provide this information will result in denial of a credential. For other aviation credentials, although furnishing your SSN is voluntary, if you do not provide the information requested, DHS may be unable to complete your security threat assessment.

## **Notice to All Badge Applicants**

Once your airport issued ID Media has been provided to you, if and/or when you are traveling as a passenger you must:

1. Access the Sterile Area through a TSA screening checkpoint with any accessible property that you intend to carry onboard the aircraft.
2. Remain in the Sterile Area after entering.

APPLICANT NAME: \_\_\_\_\_