SIDA/Sterile Area Badge Application

Today's Date

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)

Aliases (List ALL including previous married and maiden names)	Aliases (List ALL including previous married and maiden names)
Aliases (List ALL including previous married and maiden names)	Aliases (List ALL including previous married and maiden names)

Social Security Number (*optional for Sterile Area badges, TSA badges, and Federal, State, and Local LEOs*)	Gender

Address	City	State	Zip

Home Phone (with area code)	E-mail Address

Date of Birth	Country of Birth	Country of Citizenship

Name of Employer	Job Title

CITIZENSHIP INFORMATION

I attest, under penalty of perjury, that I am (*check one of the following*):

☐ **US Citizen born within the United States or its Territories**

☐ **Other US Citizen (Naturalized or Born Abroad). Provide <u>one</u> of the following:**

US Passport Number	Certificate of Naturalization Number (ARN or INS)	Certificate of Birth Abroad (Form DS-1350)

☐ **Non-Immigrant VISA holder. Provide <u>all</u> of the following:**

Non-Immigrant VISA Control Number	Country of Passport	Passport Number

☐ **Non-US Citizen. Provide at least <u>one</u> of the following:**

Alien Registration Number (ARN)	I-94 Arrival/Departure Form Number

**Effective 12/6/2018

VERIFICATION OF APPLICANT'S IDENTIFICATION

All applicants must provide the following documents for proper completion of a Security Threat Assessment by the Department of Homeland Security. This documentation is in compliance with Transportation Security Administration Security Directives. PLEASE NOTE: ALL APPLICANTS FOR THIS BADGE MUST PROVIDE FINGERPRINTS AND WILL BE SUBJECTED TO CRIMINAL HISTORY RECORDS CHECKS.

US Citizens must present one document each from List B (such as a Driver's License) and one document from List C (such as a Social Security Card) from the List of Acceptable Documents when submitting their badge application. An unexpired U.S. Passport may be submitted in lieu of a document from Lists B and C, however, the Airport requires a current Driver's License as a second from of ID from all applicants.

Non-U.S. Citizens must present one document from List A and a copy of his/her Driver's License when submitting their badge application.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

LIST A

Documents that Establish Both Identity and Employment Authorization

1. US Passport or US Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form 1-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6. Passport from the Federal States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form 1-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. US Military card or draft record
6. Military dependent's ID card
7. US Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHROIZATION
2. Certificate of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. US Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

DISQUALIFYING CRIMINAL OFFENCES

There are twenty-eight disqualifying crimes under Chapter 49 of the Code of Federal Regulations (Part 1542-209) that will disqualify an applicant from receiving an airport badge. Those crimes are:

1. Forgery of certifications, false marking of aircraft, and other aircraft registration violations
2. Interference with air navigation
Improper transportation of a hazardous material
4. Aircraft piracy
5. Interference with flight crew members or flight attendants
6. Commission of certain crimes aboard aircraft
7. Carrying a weapon or explosive aboard aircraft
8. Conveying false information or threats
9. Aircraft piracy outside the special aircraft jurisdiction of the United States
10. Lighting violations involving transporting controlled substance
11. Unlawful entry into an aircraft or airport area that serves air carriers
12. Destruction of an aircraft facility
13. Murder
14. Assault with intent to murder
15. Espionage
16. Sedition
18. Treason
19. Rape or aggravated sexual abuse
20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon
21. Extortion
22. Armed or felony unarmed robbery
23. Distribution of, or intent to distribute, a controlled substance
24. Felony arson
25. Felony involving a threat
26. Felony involving:
    a. Willful destruction of property
    b. Importation or manufacture of a controlled substance
    c. Burglary
    d. Theft
    e. Dishonesty, fraud, or misrepresentation
    f. Possession of distribution of stolen property
    g. Aggravated assault
    h. Bribery
    i. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year
27. Violence at international airports
28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph

I hereby certify that I was not convicted of a disqualifying criminal offense within ten (10) years prior to the date this document was executed. A conviction means any finding of guilt, plea of guilty, plea of nolo contendere, or finding of not guilty by reason of insanity.

In accordance with 14 CFR 107.209 (1), you have a continuing obligation to disclose to the airport operator within 24 hours any conviction of any disqualifying criminal offense that occurs while you possess an airport ID authorizing unescorted access authority to the SIDA/Secured Area or Sterile Area.

I understand that the Gainesville-Alachua County Regional Airport Authority reserves the right to deny issuance of, or revoke a person's Airport-issued access medium or identification system, if that person's actions, attitude, or behavior are deemed to present a threat to the health, safety, security, or welfare of the traveling public or any of the Airport tenants or employees.

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 (See Section 1001 of Title 18 United States Code.)

Printed Name	Signature	Date

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, as amended.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment. 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 the fingerprints for enrollment into the US-VISIT's Automated Biometrics Identification System (IDENT). DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA records to ensure the validity of the information.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 522a(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. 522a(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 may 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.

SOCIAL SECURITY CERTIFICATION

(optional for Sterile Area badges, TSA badges, and Federal, State, and Local LEOs)

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.

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.

Signature: _____ Date of Birth: _____

SSN and Full Name: _____

APPLICANT'S SIGNATURE

I agree to obey all Federal, State, Local, and Airport Authority ordinances, rules and regulations, etc., applicable to my term of employment or term of lease (if applicable). I understand that violating any of the aforementioned Rules, Regulations, or Ordinances may subject me to Federal, State, or local criminal or civil penalties. I understand that I am responsible for any fines/penalties incurred by the Airport as a result of my action(s). I agree to return my ID badge and/or keys to my employer (as applicable) or the Airport Authority upon demand. I understand that each person and their belongings are subject to inspections while entering or being present in the SIDA and Sterile Areas.

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 can be punished by fine or imprisonment or both (See Section 1001 of Title 18 of the United States Code.)

Printed Name	Signature	Date

AUTHORIZED SIGNATORY (*to be completed by employer only*)

INITIAL

As the Authorized Signer, I attest that I have examined and verified the applicant's information and original documents presented to me proving citizenship and employment authorization in the United States. I have reviewed this application and verified the applicant has completed the information that is required for an Airport badge.

Type of Badge Required

- ☐ Unrestricted (SIDA and AOA access)
- ☐ Air Carrier Ramp (SIDA access)
- ☐ Terminal Sterile Area (no SIDA access)

Type of Driver's Permit Required

- ☐ Ramps/Service Roads (non-movement area)
- ☐ Runways/Taxiways (movement area)
- ☐ None

Escorting Privileges

Employees with escorting privileges must be kept to an operational minimum. The Airport will evaluate the applicant's employment duties and any previous civil aviation security violations before authorizing escorting privileges. Please check the appropriate box below. If this employee requires escorting privileges, select which criteria the applicant meets.

☐ This applicant requires escorting privileges ☐ This applicant **does not** require escorting privileges

SELECT ONE CRITERIA BELOW IF ESCORT PRIVILEGES ARE NEEDED

- ☐ This applicant has designated training responsibility for new hires
- ☐ This applicant has been trained as an escort as part of their job description
- ☐ This applicant is a supervisor, manager, or foreman

As Authorized Signatory, I am authorized by my firm to sponsor airport badge applicants and request airport identification media for them. I hereby certify that the applicant acknowledges their security responsibilities under 49 CFR 1540.105(a), is employed by my firm, and has need of the Airport SIDA media requested in connection with his/her employment. As applicant's employer, we assume responsibility to immediately notify the Airport Authority upon separation of employment and assume responsibility for return of Airport issued SIDA media. In accordance with Public Law 110-161, Section 542, any employer who does not notify the operator of the Airport of termination with 24 hours and does not make reasonable efforts to secure Airport issued SIDA material is subject to civil penalties not to exceed $10,000. Authorized Signers understand that they must immediately inform the Airport if a current media holder no longer needs access to any of the restricted areas of the Airport, or no longer meets the requirements to hold a badge. For example, the Authorized Signer will notify the airport if a work VISA is about to expire.

Authorized Signatory Name (Printed)	Authorized Signatory Signature	Date

TRUSTED AGENT CERTIFICATION

Only Trusted Agents (TA) may collect and transmit the biographical and biometric information used in the Criminal History Records Check (CHRC) and Security Threat Assessment (STA) processes, authorize the issuance of identification media, and issue the identification media.

Received SIDA application complete with all required information, signatures, and copies of required ID.		
Trusted Agent Printed Name	Trusted Agent Signature	Date

Taking and submitting of electronic fingerprints as required for SIDA CHRCs		
Trusted Agent Printed Name	Trusted Agent Signature	Date

Review application, ensure appropriate training completed, submit applicant's information for STA, ensure STA approval, and authorize issuance of identification media.		
Trusted Agent Printed Name	Trusted Agent Signature	Date

Received SIDA application complete with all required information, signatures, and copies of required ID.		
Trusted Agent Printed Name	Trusted Agent Signature	Date

AIRLINE USE ONLY

I certify that the applicant has satisfactorily undergone a criminal history records check (CHRC) and it did not uncover any disqualifying convictions.

Case Number _____ Date Completed _____

Authorized Signatory Name (Printed) _____ Authorized Signatory Signature _____ Date _____

AIRPORT USE ONLY

The applicant has been granted authorization for unescorted access to the Gainesville Regional Airport's SIDA and/or Sterile Area.

Airport Security Coordinator (printed) _____ Airport Security Coordinator Signature _____ Date _____

Badge Number	Badge Type