



# ACCESS MEDIA APPLICATION

PIN: \_\_\_\_\_  
 Access Media Number: \_\_\_\_\_

**TRI POLICE**  
 2525 Highway 75, Suite 301  
 Blountville, TN 37617  
 Office 423.325.6332  
 Fax 423.325.6347

## SUBMISSION OF THIS FORM IS BY APPOINTMENT ONLY

*This form must be filled out completely.*

*Any form that cannot be read will not be processed.*

**USE BLACK or BLUE INK**

**DO NOT USE WHITE OUT**

### I. Applicant's Personal Information - To be completed by APPLICANT

Application Date					
Last Name		First Name		Middle Name	
Nicknames or Aliases? (Maiden / Married / Adopted) <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, list:				Social Security #	
Home Phone		Mobile Phone		Email Address	
Home Address					
City			State		Zip
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> (A) Asian <input type="checkbox"/> (B) Black		<input type="checkbox"/> (I) Native American <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (W) Caucasian/Hispanic <input type="checkbox"/> Other _____
Natural Hair Color		Natural Eye Color		Height (Feet)	(Inches) Weight (Pounds)
Date of Birth		Country of Birth		State of Birth	
Driver's License / Identification Number				State	
Passport # (If Using As Identification)			Passport Country		
<b>Are you a citizen of the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
- OR - Are you authorized to work by the Government of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
- OR - Are you a commercial driver licensed by Canada or Mexico and admitted to the United States under 8 CFR 214.2(b)(4)(i)(E) to conduct business in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alien Registration # (If Applicable)		I-94 Arrival/Departure # (If Applicable)		Non-Immigrant Visa # (If Applicable)	
Certificate of Birth Abroad # (If Applicable)			Certificate of Naturalization # (If Applicable)		
<b>Company Type</b> <input type="checkbox"/> TCAA <input type="checkbox"/> Airline <input type="checkbox"/> SIDA Other <input type="checkbox"/> AOA Other <input type="checkbox"/> SIDA Const <input type="checkbox"/> SIDA Contr <input type="checkbox"/> PSO <input type="checkbox"/> FBO <input type="checkbox"/> Sterile <input type="checkbox"/> AOA Tenant					
<b>Reason for Application</b> <input type="checkbox"/> New <input type="checkbox"/> Exchanged <input type="checkbox"/> Expiration <input type="checkbox"/> Lost/Stolen					

### II. Application Information - To be completed by Applicant's SIGNATORY AUTHORITY

Applicants Job Title		Authorizing Entity		Authorizing Signatory Phone	
<p><i>TRI Access Media is issued only upon approval from your sponsoring entity's Authorized Signatory. This space must be completed.</i></p> <p>I, Authorized Signatory for the authorizing entity, hereby certify the above listed applicant requires access to the SIDA or AOA, as indicated, to perform their job duties and shall be added to my signed Authorized Signatory - List of Authorized Media Holders, I further certify that I am an Authorized Signatory sanctioned to approve this applicant and will notify the Tri-Cities Airport Authority upon termination of applicant's privileges.</p>					
<b>If you have not taken TRI Signatory Authority training DO NOT SIGN in this area.</b>					
Name of Signatory Authority (Print)		Signature of Signatory Authority		Date	
<b>Media Type</b> <input type="checkbox"/> SIDA <input type="checkbox"/> AOA <input type="checkbox"/> Parking		<b>Access Requested (Specific Area/Gate/Door)</b>		<input type="checkbox"/> Escort <input type="checkbox"/> Basic (Non Movement Areas ONLY) <input type="checkbox"/> Advanced (Movement and Non Movement Areas)	

### III. Privacy Act Notice

**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. 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.

**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.

### IV. Social Security Number Authorization

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.

Name of Applicant (Print)	Signature of Applicant	Date of Birth	Social Security #

### V. Notice to TCRA Access Media Applicant (Sign in Presence of Officer Only)

(1)

I hereby certify that 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 a knowing and willful false statement on this application can be punishable by fine or imprisonment or both.

Further, I agree and understand any misstatements or material omissions of facts hereon may cause forfeiture of my privilege to receive a Tri-Cities Airport Authority (TCAA) Access Media. I also understand Federal Regulations 49 CFR 1542.209 (1) impose a continuing obligation that I disclose to the TRI Public Safety, within 24 hours, if I am convicted of any disqualifying criminal offense while I have unescorted access authority. I also understand I may receive a copy of the criminal record received from the FBI if I request it in writing from the airport operator. My point of contact for this information shall be the Airport Security Coordinator.

(2)

Use of this Access Media constitutes consent to search and monitoring at any area of the airport. I understand the Airport Security Coordinator may deny my access at any time and upon leave greater than 30 days or separation from my employment this Access Media will be returned immediately. I understand if I should lose my Access Media I am obligated to report the loss to TRI Public Safety immediately so the card may be removed from the system. I also understand there will be a \$200 fee, as per current TCAA policy, for replacement of Access Media. TRI Public Safety will collect the fee before replacement Access Media is issued.

Access Media is the property of TCAA. You must immediately return your media to your employer or TRI Public Safety Office at the end of employment or upon receiving notification that your Access Media is being revoked. The TCAA Public Safety Office will issue a receipt as proof of Access Media return. Failure to comply within 24 hours is in direct violation of the Airport Security Program ASP and you may be subject to a potential \$13,333 Civil Penalty Fine assessed by the Transportation Security Administration (TSA) under title 49 of the Code of Federal Regulations CFR Part 1540.105; 49 USC 46301

(3)

I have participated in the Required Security Identification Display Area training specific to the Tri-Cities Airport.

I understand and accept all of the privileges, rights and responsibilities as they pertain to the possession of a Tri-Cities Airport Identification Badge.

I will comply with all TCAA and federal rules and regulations governing my access privileges to Security Areas (Secured Area, SIDA, Air Operations Area) as presented to me by the approved training course, including:

- Access Media is not transferable and must be displayed on the outermost garment, above the waist and below the neck at all times.
- I will report any attempts to use an altered or expired media.
- I will challenge and/or immediately report any individual I find in TRI Airport Security Areas without proper authorization or not displaying a proper ID to my supervisor or TRI Public Safety.
- I understand all vehicles, property and persons are subject to search by TSA and TRI Public Safety.  
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.
- I will return my media card to the TRI Public Safety Office when access privileges are no longer required.
- I agree to abide by all applicable regulations and understand I am subject to fines and revocation of access privileges for violating regulations enforced by Tri-Cities Airport Authority, Department of Public Safety.

(4)

I verify I have not been convicted of any of the criminal offenses listed in Section VI. of this application.

#### CAUTION: SIGN ONLY IN PHYSICAL PRESENCE OF TCAA TRUSTED AGENT/OFFICER

Name of Applicant (Print)	Signature of Applicant	Date
Witness - Name of Trusted Agent (Officer)	Signature of Trusted Agent (Officer)	Date
Gracie Beach		

## VI. Disqualifying Criminal Offenses

Check the applicable box for each of the following disqualifying criminal offenses listed below indicating you have or have not been convicted, or found not guilty by reason of insanity, of any of these disqualifying crimes listed below in any jurisdiction during the 10 years prior to the date of this application for unescorted access authority, or while the individual has unescorted access authority.

### The disqualifying criminal offenses are as follows:

- |                              |   |                             |
|------------------------------|---|-----------------------------|
| <input type="checkbox"/> Yes | 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 2. Interference with air navigation.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 3. Improper transportation of a hazardous material.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 4. Aircraft piracy.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 5. Interference with flight crew members or flight attendants.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 6. Commission of certain crimes aboard an aircraft in flight.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 7. Carrying a weapon or explosive aboard and aircraft.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 8. Conveying false information and threats.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 9. Aircraft piracy outside the special aircraft jurisdiction of the U.S.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 10. Lighting violations involving transporting controlled substances.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 12. Destruction of an aircraft or aircraft facility.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 13. Murder.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 14. Assault with intent to murder.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 15. Espionage.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 16. Sedition. <i>(Incitement of discontent or rebellion against a government.)</i>  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 17. Kidnapping or hostage taking.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 18. Treason. <i>(Betrayal of one's own country by waging war against it or by consciously or purposely acting to aid its enemies.)</i>  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 19. Rape or aggravated sexual abuse.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 21. Extortion. <i>(Obtaining property from another induced by wrongful use of actual or threatened force, violence, or fear, or under color of official right.)</i>   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 22. Armed or felony unarmed robbery.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 23. Distribution of, or intent to distribute, or manufacture of an explosive or weapon.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 24. Felony arson.   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 25. A felony involving a threat.  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 26. A felony involving -  |                             |
| <input type="checkbox"/> Yes | I. Willful destruction of property;   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | II. Importation or manufacture of a controlled substance;   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | III. Burglary;  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | IV. Theft;  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | V. Dishonesty, fraud or misrepresentation;  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | VI. Possession or distribution of stolen property;  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | VII. Aggravated assault;  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | VIII. Bribery; and  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | IX. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year, or any other crime classified as a felony that the Administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money; or | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 27. Violence at international airports;   | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | 28. Conspiracy or attempt to commit any of the aforementioned acts.   | <input type="checkbox"/> No |

I understand and acknowledge that once granted unescorted access privileges, Federal regulations require me to disclose to the Airport Operator (TRI) within 24 hours, an arrest for or conviction of any of the crimes described in 49 CFR 1542.209. Additionally, in the event of a conviction for a crime listed in 49 CFR 1542.209, I shall surrender to TRI the SIDA access media issued to me within 24 hours of such conviction.

Name of Applicant (Print)

Signature of Applicant

Date