

APPLICANT INFORMATION					
Last Name	First Name	First Name		Middle Name	
Aliases (List ALL including previous married	and maiden names)	Email Address			
Social Security Number (XXX-XX-XXXX)	Phone Number (XXX-XX	Phone Number (XXX-XXX-XXXX)		Gender	
Address	1				
City	State	State		Zip	
Date of Birth (MM/DD/YYYY)	State and/or Country of	State and/or Country of Birth		Country of Citizenship	
Height (Feet' Inches")	Weight (Pounds)		Hair Color	Eye Color	
Name of Employer					
	CITIZENCLUD	INFORMATION			
		INFORMATION			
I attest, under penalty of perjury, that I am					
US Citizen born within the US Citizen (Naturalize					
US Passport Number	Certificate of Birth Ab	Certificate of Birth Abroad (Form DS-1350)		Certificate of Naturalization Number (ARN or INS)	
Non-Immigrant VISA holder	r. Provide <u>ALL</u> of the follow	ring:			
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/Departu		e Form Number		



### **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. Tri-Cities Airport issued identification media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the Centralized Revocation Database (CRD) for five years from the date the violation occurred. 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.

### **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 Workers 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	Signature
Date of Birth	SSN (XXX-XX-XXXX)



## **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.
- 3. 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.
- 17. Kidnapping or hostage taking.
- 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 the willful destruction of property.
- 27. Felony involving importation or manufacture of a controlled substance.
- 28. Felony involving burglary.
- 29. Felony involving theft.
- 30. Felony involving dishonesty, fraud, or misrepresentation.
- 31. Felony involving possession or distribution of stolen property.
- 32. Felony involving aggravated assault.
- 33. Felony involving bribery.
- 34. Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year.
- 35. Violence at international airports.
- 36. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph.

I understand and acknowledge that once granted unescorted access privileges, Federal regulations require me to disclose to the Tri-Cities Airport Authority within 24 hours, an arrest for or conviction of any 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 access media withing 24 hour of such conviction.

Full Name	Signature



### **BADGE HOLDER TERMS AND CONDITIONS**

- 1. I fully acknowledge my security responsibilities as outlined in TSR 1540.105(a), security responsibilities of employees and other persons, and will comply with all airport security rules. I further understand that I may lose my access privileges or be subject to civil penalties for violating these rules.
- 2. My security identification badge remains the property of the Tri-Cities Airport Authority.
- 3. My security identification badge is not transferable to other individuals.
- 4. My security identification badge must, at all times, be visibly displayed on the outermost garment, wait high or above, while in secured and/or sterile areas.
- 5. I must immediately notify the Tri-Cities Airport Authority of the loss or theft of my security identification badge, and I understand that a badge replacement fee may be assessed.
- 6. My security identification badge is issued to support my job duties and responsibilities at the airport and should be used for official business purposes only. I will never use my security identification badge for personnel or off-duty use.
- 7. I understand that the Tri-Cities Airport Authority reserves the right to revoke the authorization of individuals with security identification badges where such actions are determined to be in the best interest of airport security.
- 8. I will return my security identification badge to my company or the Tri-Cities Airport Authority within 24 hours of when it is no longer required for the performance of my duties at the airport.
- 9. All traveling badge holders must access the sterile area through a TSA screening checkpoint. Once screened, badge holders must remain in the sterile area with any accessible property until they board the aircraft. This requirement applies when traveling for all purposes (business, leisure, etc.) unless exempt by federal regulation.
- 10. Screening Notice: Any employee holding a credential granting access to the Security Identification Display Area may be screened at any time while gaining access to, working in, or leaving a Security Identification Display Area.
- 11. I agree that I have read, understand, and agree to adhere to the terms of the Tri-Cities Airport Authority Rules and Regulations.
- 12. 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).

Full Name	Signature	Date



AUTHORIZED SIGNATORY (to be completed by employer only)				
Applicants Full Name				
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 a security identification badge.  Initial				
<u>New</u>	or Renewal Badge (circle one)			
New Badge	Renewal	Badge		
Type of Badge Requested (circ	tle one) Type of Driving Privilegory all that a	<u> </u>		
SIDA	New May			
Sterile	Non-Move			
AOA	Movem	ient		
<u>Escorting</u>	Privileges Requested (circle one)			
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 violation before authorizing escort privileges. Please circle the appropriate option.				
This applicant requires escort privileges  This applicant <u>does not</u> require escort privileges				
As an Authorized Signatory, I am authorized by my firm to sponsor airport badge applicants and request airport identification media for them. I hereby certify that an applicant acknowledges their security responsibilities under 49 CFR 1540.105(a), is employed by my firm, and/or has a need for the security identification badge. As an Authorized Signatory, I assume responsibility for the return of an airport issued security identification badge. In accordance with Public Law 110-161, Section 542, any employer who does not notify the operator of the airport of termination within 24 hours and does not make reasonable efforts to secure an airport issued security identification badge is subject to civil penalties not to exceed \$10,000. As an Authorized Signatory, I understand that I must immediately inform the airport if a current security identification badge holder no longer needs access to any of the restricted areas of the airport, or no longer meets the requirements to hold a badge.				
Authorized Signatory Name	Authorized Signatory Signature	Date		