

PROVO AIRPORT BADGE APPLICATION

New Renewal Replacement



USE BLACK OR BLUE INK ONLY. PRINT LEGIBLY.

SECTION 1 Present this application along with two (2) forms of identification. (Refer to the I-9 List of Acceptable Documents.)
APPLICANT BIOGRAPHIC INFORMATION

Last Name		First Name		Middle Name (NOT INITIAL)	
Other Names Used (Include ALL Previous Names, Including Maiden, Nicknames, or Aliases)					
Last Name		First Name		Middle Name	
Last Name		First Name		Middle Name	
Last Name		First Name		Middle Name	
Race/Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Please List) _____					
Date of Birth (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (Ft/In)	Weight (Lbs.)	Email Address	
Driver's License or State ID Card Number	State	Plane Tail #	Hangar #	Contact Phone # ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Current Mailing Address			City	State	Zip
U.S. State of Birth	Country of Birth	Citizenship Country	Passport Country	Passport Number	
IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S.			IF YOU ARE NOT A U.S. CITIZEN		
<input type="checkbox"/> U.S. Passport	No.	<input type="checkbox"/> Non-Immigrant Visa	No.		
Certification of Birth Abroad <input type="checkbox"/> DS1350 <input type="checkbox"/> FS240 <input type="checkbox"/> FS545	No.	<input type="checkbox"/> I-94 Form	No.		
<input type="checkbox"/> Certificate of Naturalization (N-550/570)	No.	<input type="checkbox"/> Other	No./ Type		
<input type="checkbox"/> Certificate of Citizenship (N-560/561)	No.				
Alien Registration Number: (Applies to both categories above)		A			

SECTION 2 Type or print legibly in black or blue ink or application will be rejected.
COMPANY INFORMATION

Employer / Department or Position	Sponsoring Company
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REASON FOR BADGE

BADGE TYPE: Blue/SIDA Gray/Sterile Yellow/GA White/Vendor **ADD ON:** Escort Movement Auth Signer 1st Respond

AUTHORIZING AGENT CERTIFICATION This section MUST be filled out completely by an authorized signer from the sponsoring company (if any). 8.0d_08.08.24

I certify that I have reviewed this application for accuracy and verified the employment eligibility of the applicant. I hereby agree that my company, as the applicant's sponsor, may choose to pay for all fees and charges related to the issuance of a badge to applicant, including without limitation applicable fees for fingerprinting and processing applicant (if applicable) and issuing a badge. I specifically agree that if this badge is not returned upon termination of applicant's employment, my company, as sponsor, will timely pay applicable non-returned badge fees. I understand that my company's agreement, as sponsor, to be responsible for such charges and fees is a material condition to the Airport's issuance of the badge, and that without such an agreement from the sponsor, the Airport would not issue a badge to applicant. I also attest that specific needs exist for this applicant to have unescorted access authority, and that the applicant acknowledges his or her security responsibilities under 49 CFR 1540.105(a).

AUTHORIZING AGENT NAME (Print):	
AUTHORIZING AGENT SIGNATURE:	
Phone Number: ()	Date: VALID FOR 30 DAYS AFTER SIGNED AND DATED Signature Checked By

DO NOT SIGN UNTIL APPLICATION IS COMPLETED

SECTION 3

DISQUALIFYING OFFENSES

This section must be completed by applicant listed on page 1 of this application.

Under **Transportation Security Administration (TSA)** requirements, a fingerprint-based criminal history records check is required before an airport identification badge can be issued which allows an individual to have unescorted access to the Security Identification Display Area (**SIDA**) and/or sterile areas, or authority to authorize others to have unescorted access to the SIDA. **HOWEVER, ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION.**

DISQUALIFYING CRIMINAL OFFENSES. Have you been convicted, or found not guilty by reason of insanity, of any of the disqualifying crimes listed below during the previous ten years? You must complete a checkbox for each disqualifying offense. If you answer "yes" to any of the following, you may be ineligible to obtain an identification badge and will be required to provide additional information for further processing of your application. Additionally, you may be disqualified for any other crime classified as a felony that the TSA Administrator determines indicates a propensity for placing contraband aboard an aircraft in return for money.

Yes <input type="checkbox"/> No <input type="checkbox"/>	Forgery of certificates, false marking of aircraft, and other aircraft registration violations (49 U.S.C. 46306)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Treason
Yes <input type="checkbox"/> No <input type="checkbox"/>	Interference with air navigation (49 U.S.C. 46308)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rape or aggravated sexual abuse
Yes <input type="checkbox"/> No <input type="checkbox"/>	Improper transportation of a hazardous material (49 U.S.C. 46312)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft piracy (49 U.S.C. 46502)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Extortion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Interference with flight crew members or flight attendants (49 U.S.C. 46504)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Armed or felony unarmed robbery
Yes <input type="checkbox"/> No <input type="checkbox"/>	Commission of certain crimes aboard aircraft in flight (U.S.C. 46506)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Distribution of, or intent to distribute a controlled substance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Carrying a weapon or explosive aboard an aircraft (U.S.C. 46505)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony arson
Yes <input type="checkbox"/> No <input type="checkbox"/>	Conveying false information and threats (49 U.S.C. 46507)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving a threat
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502(b))	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving willful destruction of property
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft lighting violations involving transporting controlled substances (49 U.S.C. 46315)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving importation or manufacture of a controlled substance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements (49 U.S.C. 46314)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving burglary
Yes <input type="checkbox"/> No <input type="checkbox"/>	Destruction of an aircraft or aircraft facility (18 U.S.C. 32)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving theft
Yes <input type="checkbox"/> No <input type="checkbox"/>	Murder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving dishonesty, fraud, or misrepresentation
Yes <input type="checkbox"/> No <input type="checkbox"/>	Assault with intent to murder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving possession or distribution of stolen property
Yes <input type="checkbox"/> No <input type="checkbox"/>	Espionage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving aggravated assault
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sedition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving bribery
Yes <input type="checkbox"/> No <input type="checkbox"/>	Kidnapping or hostage taking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Felony involving illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one year
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Violence at international airports (18 U.S.C. 37)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Conspiracy or attempt to commit any of the aforementioned criminal acts

The information I have provided herein 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 (**Section 1001 of Title 18** of the United States Code).

By signing this document, I consent to the performance of a warrants check and any other background verifications or actions taken by the **Provo Airport** in accordance with TSA and Airport requirements governing identification badges.

I agree to notify the Airport within 24 hours if I am convicted, or found not guilty by reason of insanity, of any of the above disqualifying crimes and will return my badge. **Initials X** _____

I agree that the results of the criminal history records check can be disclosed to my employer, and I understand that I may obtain a copy upon written request to the Airport Security Coordinator. **Initials X** _____

Applicant's Signature X _____ **Date** _____

**SECTION 4
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 biographic 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 your fingerprints for enrollment into the 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. As of June 20, 2021, the airport operator must notify all individuals who have successfully completed a CHRC to obtain an airport-issued ID that individuals who violate aviation security requirements resulting in ID media revocation will be added to the database 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 the TSA at aviation.workers@tsa.dhs.gov.

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

Initials X _____

**SECTION 5
SOCIAL SECURITY NUMBER**

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

I do not authorize the release of my Social Security Number. **(NOTE: This may delay the Security Threat Assessment process but will not disqualify Sterile Area or General Aviation applicants from receiving a badge. Printed name, signature, last 4 digits of SSN, DOB, and date are still REQUIRED.)**

Printed Name:	First	Middle	Last
Social Security Number:			
SIDA BADGE APPLICANTS MUST PROVIDE A COMPLETE SSN			

Applicant's Signature X _____ **Date of Birth:** _____ **Date** _____

PLEASE NOTE: The last 4 digits of your SSN constitute your PIN on those readers equipped with a PIN pad.

SECTION 6

TERMS AND CONDITIONS OF BADGE HOLDER

I will not allow anyone to use my Airport ID badge, nor will I use another individual's badge. I agree to **return the Airport ID Badge** if my employment/status changes and/or I no longer have a need for an Airport ID badge.

I understand that **there is a \$100 fee for a non-returned badge (\$250 for Contractors).**

I agree to **report any lost or stolen Airport ID Badge(s)** to the Airport and understand there is a \$25 replacement fee for a lost/stolen badge. There is also a \$25 fee to replace a badge that has been defaced with stickers, pins, etc. **(Fees are subject to change.)**

I understand and acknowledge that **violation of the Airport's Security Program** may result in **administrative action** to include Airport ID badge reinstatement fees, retraining, possible TSA civil penalties, and could also result in permanent revocation of my badge.

I understand and acknowledge that by accepting an Airport ID badge I am giving my **consent for search** by Provo Airport employees, contract employees authorized by the Provo Airport, and/or TSA personnel of both my person and property whenever entering, being within, or leaving a secure or sterile area of the airport to ensure I have a valid Airport ID badge and am not carrying any prohibited items. Further, I understand and acknowledge that my refusal to comply with this consent search may result in my Airport ID badge being confiscated and my access to secure and/or Sterile areas of the airport being denied.

By initialing here, I certify I have read and understood these statements.

Initials X _____

Security Responsibility Agreement

- I will immediately report any security violation I witness to the Airport Operations Office or an Airport Security Coordinator.
- I will not bypass the screening process when traveling as a passenger or for any other non-work-related reason.
- I will swipe my Airport ID badge and enter a PIN each time I enter a CASS-controlled door leading to the restricted area.
- I will not prop open any door leading to a restricted area unless it is being continuously monitored to prevent unauthorized access and will ensure the door is closed when the activity has been completed.
- I will ensure that doors close **completely** after entering/exiting restricted areas.
- I will not allow unauthorized access through a controlled access point (**piggybacking**).
- I will not enter a man gate without first swiping my Airport ID badge/entering my PIN and will ensure that the gate **closes completely** behind me.
- I will not enter a vehicle gate without first swiping my Airport ID badge /entering my PIN and will **remain at the gate until it has closed**.
- I will wear the Airport ID badge on my outermost garment above the waist.
- I will keep my Airport ID badge current and respond promptly to badge audits.
- I will not give out confidential security information.

Initials X _____

Additional Requirements for SIDA Badge Holders

In addition to the above responsibilities:

- I understand that I must have an "E" icon on my Airport ID badge to conduct an escort.
- I will remain with any individual I escort into the restricted area (**close enough to control their actions**) and will ensure they first complete the screening process.
- I will ensure that any vehicle or equipment I operate in a restricted area has the required ramp permit and company markings on both sides.
- I will challenge, or report, any individual in the SIDA who is not visibly displaying an Airport ID SIDA badge.
- I will not bring prohibited items into the Sterile area which have not been provided by my employer and authorized by the Airport.
- **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.**

Initials X _____

APPLICANT DECLARATION

8.0d_08.08.24

The information I have provided in 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 (Section 1001 of Title 18 of the United States Code).

Applicant's Signature X _____

Date _____