

SALT LAKE CITY DEPARTMENT OF AIRPORTS

BADGE APPLICATION



Salt Lake City
Department of Airports

| |
|---------|
| Badge # |
|---------|

| |
|-------------|
| Person ID # |
|-------------|

SECTION 1 APPLICANT BIOGRAPHIC INFORMATION Present this application along with two (2) forms of identification (Refer to the I-9 List of Acceptable Documents.) Type or print legibly using black or blue ink. Complete all applicable sections. Incomplete forms will be rejected.

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Other Names Used (Include ALL Previous Names, Including Maiden, Nickname, or Aliases)

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
| Last Name | First Name | Middle Name |
| Last Name | First Name | Middle Name |

Race/Ethnicity
 Asian Black Hispanic, Latino Native American White Unknown Other (Please List) _____

| | | | | | |
|-----------------------------------|---|------------|-----------|----------------------|---------------|
| Date of Birth (MM/DD/YYYY) / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Hair Color | Eye Color | Height (Feet/Inches) | Weight (Lbs.) |
|-----------------------------------|---|------------|-----------|----------------------|---------------|

| | | | | |
|--|-------|----------------------------------|-----------------|------------------|
| Driver's License or State ID Card Number | State | Home or Cell Phone Number () | Passport Number | Passport Country |
|--|-------|----------------------------------|-----------------|------------------|

| | | | |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

| | | | |
|----------------|-------|---------|---------------------|
| Place of Birth | | | Citizenship Country |
| City | State | Country | |

| | | | |
|--|--|---|-----------|
| IF YOU ARE A U.S. CITIZEN NOT BORN IN THE U.S. | | IF YOU ARE NOT A U.S. CITIZEN | |
| <input type="checkbox"/> US Passport | No. | <input type="checkbox"/> Non-Immigrant Visa | No. |
| <input type="checkbox"/> Birth Abroad Certificate | <input type="checkbox"/> DS1350 <input type="checkbox"/> FS545 | <input type="checkbox"/> I-94 Form | No. |
| <input type="checkbox"/> Certification of Naturalization (N-550) | <input type="checkbox"/> Certificate of Citizenship (N-560) | <input type="checkbox"/> Other | No./ Type |

Alien Registration Number: (Applies to both categories above) **A** _____

SECTION 2 COMPANY INFORMATION This section MUST be filled out completely by an authorized signer from the sponsoring company. Type or print legibly in black or blue ink or application will be rejected.

| | |
|----------|------------|
| Employer | Department |
|----------|------------|

Sponsoring Company

| | |
|--|---|
| BADGE TYPE (Select One): <input type="checkbox"/> RENEWAL (No Changes) <input type="checkbox"/> SIDA <input type="checkbox"/> SPAO <input type="checkbox"/> General Aviation | DESIGNATIONS (Mark all that apply): <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Driving <input type="checkbox"/> Escort Authority <input type="checkbox"/> Gate Guard |
|--|---|

AUTHORIZING AGENT CERTIFICATION

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, will timely 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 |

**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.

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 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).

By signing this document, I consent to the performance of a warrants check and any other background verifications or actions taken by the Department of Airports 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 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, 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 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 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, **Office of Intelligence and Analysis (OIA)**, 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.

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 and signature are still required.**)

| | | | |
|---------------|-------|--------|------|
| Printed Name: | First | Middle | Last |
|---------------|-------|--------|------|

| | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Social Security Number: SIDA BADGE APPLICANTS MUST PROVIDE A SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Applicant's Signature X _____

**SECTION 6
PARENT/LEGAL GUARDIAN INFORMATION/CONSENT This section must be completed if applicant is under 18 years of age.**

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

My signature below gives my consent for the Salt Lake City Department of Airports to fingerprint my child and to issue an Airport ID badge for the purpose of airport access. (**NOTE: PARENT/LEGAL GUARDIAN SIGNATURE WILL ONLY BE ACCEPTED IF NOTARIZED.**)

| | |
|---------------------------------|------|
| Parent/Legal Guardian Signature | Date |
|---------------------------------|------|

NOTARY INFORMATION

| | |
|--|---------------|
| STATE OF _____ COUNTY OF _____ | (Seal) |
| The foregoing instrument was acknowledged before me this _____ (date) by _____ (person acknowledging, title or representative capacity, if any). | |
| Notary Public Printed Name: _____ My Commission Expires: _____ | |

SECTION 7**TERMS AND CONDITIONS OF BADGE HOLDER - to be completed after training is complete.**

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 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 Badges to the Airport, and also understand there is a \$50 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 will 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 Department of Airports employees, contract employees authorized by the Department of Airports, 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 this statement.

Initials X _____

Security Responsibility Agreement

- I understand 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**).
- I will ensure that anyone I escort into a sterile area has first completed the screening process.
- I will immediately report any security violation I witness to the Airport Operations Division or the Airport Police.
- 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 I pull the door closed after entering/exiting restricted areas.
- I will not allow unauthorized access through a controlled access point (**piggybacking**).
- I will not give out confidential security information.

Additional Requirements for SIDA Badge Holders

- I will wear the Airport ID badge on my outermost garment above the waist when in the SIDA.
- I will not enter a vehicle gate without first swiping my Airport ID badge.
- I will remain at a vehicle gate until it has closed.
- 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 displaying an Airport ID 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 _____

IDENTIFICATION BADGE RECEIVED BY - to be completed at time of badge issuance.

Applicant's Signature X _____ Date _____

SECTION 8**ACCESS CONTROL USE ONLY**

| | | | | |
|--|--|---|------------------|--|
| STA Date | <input type="checkbox"/> STA Pass <input type="checkbox"/> STA Fail <input type="checkbox"/> EXEMPT | CHRC Results Date | CHRC Case Number | <input type="checkbox"/> EXEMPT |
| Card Number | Training Date | Expiration Date | PIN Number | <input type="checkbox"/> Lost <input type="checkbox"/> Voided Card Number: |
| Lost Fee Paid: <input type="checkbox"/> \$50 <input type="checkbox"/> N/A <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Company Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order | | Refund Amount Due <input type="checkbox"/> \$0 (Expired) <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 | | Lost Card No./Returned Date |
| Warrants: <input type="checkbox"/> Cleared <input type="checkbox"/> Referred (Verified By: _____) DL Verification: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended (Verified By: _____) | | | | Issued By / Date |
| Comments | | | | |

May 2019