



AOA CONSTRUCTION APPLICATION

SECTION I: APPLICANT INFORMATION

Legal Name of Applicant (Last, First, Middle)				Previously Used Name (Last, First, Middle)				Aliases or Nicknames						
Current Mailing Address (Street, City, State, Zip Code)								Home Phone Number						
Title				Employer/Company				Government Employee (circle one) Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/>						
Employer/Company Address (Street, City, State, Zip Code)								Date of Employment						
Supervisor's Name						Phone Number								
Date of Birth (MM/DD/YYYY)		Place of Birth (State/Country)		Race	Height (ft/in)		Weight (lbs.)		Gender (M or F)		Social Security Number		Hair Color	Eye Color
Country of Citizenship:						Country of Issuing Passport:								
Country of Birth (NCIC) 2-Character Abbreviation:						Certification of Birth Abroad:								
Alien Registration Number:						Passport Number:		I-94 Arrival/Departure Form Number						
Non-Immigrant VISA Number:						Driver's License Number/State Where Issued								

The information I have provided 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).
 Signature: _____ Date: _____

SECTION II: COMPANY / EMPLOYER INFORMATION

I certify that this applicant is actively employed by the above listed employer/company, and requires unescorted access to the Non-Security Identification Display area at Austin Straubel International Airport.

Authorized Signature (Print): _____ Authorized Signature: _____ Date: _____

SECTION III: ID RULES & REQUIREMENTS

1. I will comply with the access control system in place and use my ID each time I enter the AOA. While I am in the AOA, I will display my ID on my outermost garment.
2. I will challenge those persons found in the AOA that are not displaying proper identification and will immediately report such individuals to the Airport Public Safety Department.
3. I will not permit unauthorized persons to enter the AOA without challenging those persons and notifying the Airport Public Safety Department.
4. I will not permit others to enter ("piggyback") through doors and gates I have accessed unless they are under my escort.
5. I will ensure that persons under my escort in the AOA remain within my sight and control at all times.
6. I will not leave any open or unsecured door unattended.
7. I will not leave any door or gate unsecured after use.
8. I will enter only those areas I am authorized to enter.
9. I will not permit other persons to use or wear my ID.
10. Should my Airport ID badge become lost, stolen, or mutilated, I will make a report immediately to my supervisor and the Airport Public Safety Department.
11. The ID badge is the property of the Austin Straubel International Airport and I will surrender it to the proper authority on demand or termination.
12. I understand all of these rules, and those covered in my 49 CFR Part 1542.213 SIDA class, and that a violation of one or more of these rules may lead to fines or criminal charges, and suspension or revocation of my ID.
13. I understand that I must only:
 - 1) Access the Sterile Area through a TSA screening checkpoint with any accessible property I intend to carry onboard the aircraft; and
 - 2) Remain in the Sterile Area after entering.

I certify that all of the information I have provided on this application is true and correct, and I agree to comply with **ALL** airport rules and **TSA/FAA** regulations:

Applicant's Name (PRINTED):

Signature: _____

Date:

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 110-52, August 3, 2007); 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 US-VISIT Automated Biometrics Identification System (IDENT). If you provide your Social Security Number (SSN), 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: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for a security threat assessment.

Signature: _____ Date:

SECTION IV: CERTIFICATIONS, ACKNOWLEDGEMENT AND ID RECEIPT

CERTIFICATIONS

The information I have provided 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).

I authorize the Social Security Administration to release my social security number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 22202.

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:

Full Name:

SSN:

ACKNOWLEDGEMENT AND ID RECEIPT

Please initial all that apply and cross out those that do not apply.

1. I have read and understand the Security Rules set forth on this form. I further understand that violations of these rules may result in revocation of my access privilege.
Initials _____
2. I have read and understand the operational requirements, rules, and regulations found in the Airport's A GUIDE TO WORKING IN AN AIRPORT SECURITY SENSITIVE ENVIRONMENT (Original date: 12/09/91)
Initials _____
3. I certify that I have watched the AIRPORT SECURITY "A TEAM APPROACH – AOA" video and have had an opportunity to ask questions of the Public Safety Training Officer.
Initials _____
4. I have read and understand the operational requirements, rules, and regulations found in the Austin Straubel International Airport's A Guide to Ground Vehicle Operations on the Airport (Original Date: 03/31/94). I further understand that violations of any rule or regulation may result in:
A written warning being issued to me;
A letter being required from my supervisor indicating that I have been counseled on the severity of the violation before I am allowed to operate on the AOA again;
Mandatory retraining before I am allowed to operate on the AOA; or
A permanent ban from operating ground vehicles on the AOA.
Initials _____
5. I acknowledge receipt of one (1) Airport ID badge.
Initials _____

Name (Please Print)

Signature

Date

*** FOR OFFICE USE ONLY***

ID Number: _____

ID Color:

Green

Yellow

Blue

Orange

Purple

P.I.N.

Date ID Activated: _____

Company ID Code: _____

Issued by: _____

Date ID Deactivated: _____

Received By: _____

Reason for Activation or Deactivation:

Issue

Lost

Stolen

Termination

Disciplinary Action

Badge Expiration Date: _____

Date Lost: _____

I certify that the listed applicant has received 49 CFR Part 1542.213(b) SIDA training, on _____

Signature: _____ Date: _____

I further certify that the listed applicant has received Austin Straubel International Airport driver's training instruction.

_____ NMA

_____ MA

Signature: _____ Date: _____

Picture I.D. Verification: Type #1 _____

Type #2 _____

Signature: _____

Date: _____

ID Deposit Fee: _____

Total Amount Paid: _____

Receipt Number: _____

TA who collected and transmitted information used in CHRC and STA _____
Initials

TA who authorized the issuance of the airport ID _____
Initials

TA who issued the airport ID _____
Initials

Badge Cardstock Number _____

FINGERPRINT RESPONSE RECEIVED:

Approved

Denied

Case Number _____ Initials: _____ Date: _____

SECURITY THREAT ASSESSMENT RECEIVED:

Approved

Denied

Case Number _____ Initials: _____ Date: _____