



**SECTION III: CRIMINAL HISTORY DECLARATION** (SIDA/Sterile/Secured Area badges this section required) AOA Badges skip to Section III

Disqualifying Crimes as defined by 49 CFR Part 1542.209

A Conviction or found not guilty by reason of insanity (within the last 10 years) involving:

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- (2) Interference with air navigation; 49 U.S.C. 46308.
- (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.
- (4) Aircraft piracy; 49 U.S.C. 46502.
- (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- (8) Conveying false information and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- (11) 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.
- (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- (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 -
  - (i) Willful destruction of property;
  - (ii) Importation or manufacture of a controlled substance;
  - (iii) Burglary;
  - (iv) Theft;
  - (v) Dishonesty, fraud, or misrepresentation;
  - (vi) Possession or distribution of stolen property;
  - (vii) Aggravated assault;
  - (viii) Bribery; or
  - (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- (27) Violence at international airports; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the criminal acts listed above.

If you have been convicted or found “not guilty by reason of insanity” of any felonies in SECTION III you cannot be granted unescorted access to airport restricted areas and will not be issued an airport ID. I hereby certify that I have not been convicted or found not guilty by reason of insanity for any of the above listed crimes and I agree to notify Airport Public Safety within 24 hours if I am convicted or found not guilty by reason of insanity of any of these crimes. (49 CFR 1542.209) I hereby give permission to GRB Austin Straubel International Airport officials to conduct an FBI criminal history records check. 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.)

Applicant’s Name (PRINTED): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV: CERTIFICATIONS, ACKNOWLEDGEMENT AND ID RECEIPT**

**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 records and have the individual’s name expunged from the database. If an individual who is listed in the centralized database wished to pursue expungement due to mistaken identify, the individual must send an e-mail to TSA at Aviation.workers@tsa.dhs.gov.

**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:** 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 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 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, 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.

### ACKNOWLEDGEMENT AND ID RECEIPT

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.

I have completed security access training, had the opportunity to ask questions, and understand my duties and responsibilities. I acknowledge that I will receive an airport security ID media that is property of the Green Bay Austin Straubel International 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.

Printed Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION V: ID RULES & REQUIREMENTS

1. I will comply with the access control system in place and use my ID each time I enter the SIDA/Secured Area/Sterile Area/AOA. While I am in the SIDA/Secured Area/Sterile Area, I will display my ID on my outermost garment.
2. I will challenge those persons found in the SIDA/Secured Area/Sterile Areas/AOA that are not displaying proper identification and will immediately report such individual to the Airport Public Safety Department.
3. I will not permit unauthorized persons to enter the SIDA/Secured Area/Sterile Areas/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 SIDA/Secured Area/Sterile Areas/AOA remain within my sight and control at all times.
6. I will not leave any door/gate open, unsecured, unattended.
7. I will comply with any aviation worker screening requirements imposed upon the airport by the TSA.
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 Green Bay 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 will not use my ID to bypass TSA screening when departing on flights from the Green Bay Austin Straubel International Airport and once screened, will remain in the sterile area after entering.
14. I will comply with all federally issued Security Directives (SD), amendments and the airport security plan; and failure to comply may result in monetary fines, suspension, and/or revocation of my ID.

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: \_\_\_\_\_



**\* FOR OFFICE USE ONLY\***

ID Number: \_\_\_\_\_

SIDA: Red  Sterile: Blue  AOA: Green  P.I.N. \_\_\_\_\_

In Telos & Submitted to the TSA  In CCure with Photo  TSA/NA

I certify the listed applicant has received 49 CFR Part 1542.213(b) Security training, on \_\_\_\_\_

SIDA  AOA  Test Attached

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ NMA \_\_\_\_\_ MA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Picture I.D./Document Verification: Type #1 \_\_\_\_\_ Type #2 \_\_\_\_\_ Copied, Dated, Initialed & Attached

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Rap Back (Red/Blue)  No Rap Back required (Green)  Rap Back Replaced (Red/Blue Renewal)  Initials: \_\_\_\_\_

**FINGERPRINT RESPONSE RECEIVED:**

Approved  Denied  N/A AOA Badge  TSA/NA

Case Number \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**SECURITY THREAT ASSESSMENT RECEIVED:**

Approved  Denied  TSA/NA

Case Number: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Date ID Activated: \_\_\_\_\_ Issued By: \_\_\_\_\_

Badge Expiration Date: \_\_\_\_\_ Date Lost: \_\_\_\_\_

Date ID Deactivated: \_\_\_\_\_ Received By: \_\_\_\_\_

Reason for Deactivation: Lost  Stolen  Termination  Disciplinary Action  Permanent Revocation/Added to CRD

ID Deposit Fee: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Receipt Number & Date: \_\_\_\_\_

Invoiced  No payment needed

