

SECURITY BADGE APPLICATION
Reason for Request New Renewal

SECTION I: APPLICANT INFORMATION

Legal Name of Applicant (Last, First, Middle)				Previously Used Name (Last, First, Middle)			
Date of Birth (MM/DD/YYYY)		Place of Birth (State/Country)		Email:			
Gender	Race	Social Security Number		Hair Color	Eye Color	Height (ft/in)	Weight (lbs.)
Current Mailing Address (Street, City, State, Zip Code)						Home/Cell Phone Number	
Country of Citizenship:		Passport Number:		Country of Issuing Passport:			
Country of Birth (NCIC) 2-Character Abbreviation:				Certification of Birth/Birth Abroad:			
Certificate of Naturalization Number/U.S. Citizenship:				Alien Registration Number:		I-94 Arrival/Departure Form Number	
Non-Immigrant VISA and Control Number:				Driver's License Number/State Where Issued:			
Title		Employer/Affiliate		Government Employee (circle one)		Business Phone No.	
				Federal State Local			
Employer/Company Address (Street, City, State, Zip Code) or Hangar Location						Date of Employment	

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: AUTHORIZED SIGNATORY

I certify that this applicant is affiliated with the above listed employer/company and requires unescorted access to the Security Identification Display area (SIDA), Secure, Sterile Area or AOA at Green Bay Austin Straubel International Airport. I understand and will carry out my security responsibilities under 49 CFR 1540.105(a). I attest that the applicant acknowledges their security responsibilities under 49 CFR 1540.105(a). I will notify Airport Public Safety should the applicant no longer require an SIDA/Sterile/Secured Area/AOA badge and promptly return the airport identification media upon request, termination or when access is no longer needed. I am sponsoring the applicant for the following access:

Badge Type: SIDA: Red (AOA, GA, Secured/SIDA, Sterile Area) <input type="checkbox"/> AOA: Green (AOA, GA) <input type="checkbox"/> Sterile: Blue (Sterile Area) <input type="checkbox"/>	Driver's Training Type: None <input type="checkbox"/> Non-Movement <input type="checkbox"/> Movement <input type="checkbox"/>
---	--

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

Notice: For all initial applications and subsequent renewal application as per the Privacy Act notice, GRB issued ID media revoked for non-compliance with aviation security requirements will promptly result in the individual being listed in the CRD for five years from the date the violation occurred.

NOTE: A copy of the Criminal record received from the FBI will be provided to you upon receipt of a written request to the Airport Security Coordinator. Please write for all inquiries and questions about CHRC results to:

49 CFR Part 1542 Employees:

Rachel Engeler, Assistant Airport Director
 Green Bay Austin Straubel International Airport
 2077 Airport Drive, Ste. 18
 Green Bay, WI 54313-5596



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

- All Signatures
- Badge Returned
- Authorized Signatory Current
- Authorized Signatory Correct
- Copy of invoice in file
- TELOS entered then updated
- ID's & picture current and signed
- FPRD has been verified

ID Deposit Fee: _____

Total Amount Paid: _____

Receipt Number & Date: _____

Invoiced No payment needed

