



# AIRPORT BADGE APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Aliases or Nicknames \_\_\_\_\_ Social Security No. \_\_\_\_\_

Physical Address \_\_\_\_\_

If different than above

Mailing Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Sex  Male  Female Race  Asian  Black  Caucasian/Latino  Native American  Other/Unknown

Citizenship Country \_\_\_\_\_ Country of Birth \_\_\_\_\_  
(If Non-U.S. Citizen need Alien Reg. No. or I-94 No.) (If U.S. citizen born abroad or naturalized need U.S. Passport)

Reason for Airport Access: \_\_\_\_\_

**Applicant Agreement:** 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 agree to notify Airport Management within 24 hours of any change to my tenancy, employment, or other reason why airport access is no longer required and return the badge to Airport Management upon termination of Access privileges.

Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Employer Agreement:** By my signature I certify that I have been trained by Airport Management as an authorized signatory and that the above named employee has a justified operational need to have unescorted access to restricted areas of the Airport to perform their official duties.

Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

AIRPORT USE ONLY	
Access Level <input type="checkbox"/> AOA <input type="checkbox"/> SIDA <input type="checkbox"/> Escort Privilege <input type="checkbox"/> Driving Privilege Each must be completed, checked and printed by Trusted Agent prior to issuing badge: <input type="checkbox"/> Page 2 -Privacy Act, SSN Verification, and Lock and Key <input type="checkbox"/> I-9 Identifications Verified and Copied- See TSA's list of acceptable documents at <a href="http://www.uscis.gov/files/form/I-9.pdf">www.uscis.gov/files/form/I-9.pdf</a> . <input type="checkbox"/> STA Approval <input type="checkbox"/> ADOT Security Training (IET) <input type="checkbox"/> Driving Training(if applicable) <input type="checkbox"/> Payment/Form SIDA REQUIRED- <input type="checkbox"/> CHRC Verification Letterhead/Memo <input type="checkbox"/> Page 3 -SIDA Disqualifying Crimes	Badge No: _____  Date Access Granted: _____
Trusted Agent _____ Date _____ <small>(Signature)</small>	

Date Access Terminated: \_\_\_\_\_ Reason \_\_\_\_\_ PIB Returned  Yes  No

This form must be retained for 180 days after date of access termination. Purge Date: \_\_\_\_\_



**STATE OF ALASKA**  
**DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES**  
**SOUTHEAST REGION**

**SSN VERIFICATION FOR STA PURPOSES**

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-19)/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 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 fine or imprisonment or both.

Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PRIVACY ACT NOTICE**

**Authority:** 49 U.S.C. 114, 44936 authorizes the collection of this information

**Purpose:** The Department of Homeland Security (DHS) will use a biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport-issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment into the US-VISIT's 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's records to ensure the validity of your name and SSN.

**Routine Uses:** The information may be shared with the 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 Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

**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 identification media.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**KEY & LOCK APPLICATION**

The above named applicant is authorized and responsible to maintain keys, key devices, records, conduct audits, recover keys and **shall report immediately to Airport Management any key losses or unrecovered keys issued to terminated employees.** The undersigned agrees to **not duplicate** any key or key-way device **nor allow any person other than those authorized** by the airport manager to receive and use keys or key-way devices.

	Key Number	Lock Type	Door Number	Date Issued	Date Returned
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Applicant Signature \_\_\_\_\_ Airport Management Signature \_\_\_\_\_ Date \_\_\_\_\_



**STATE OF ALASKA**  
**DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES**  
**SOUTHEAST REGION**

**CRIMINAL HISTORY RECORDS CHECK**

Individuals seeking unescorted SIDA access authority and/or performing security screening are required to undergo a fingerprint-based Criminal History Records Check (CHRC) that does not disclose that he/she has a disqualifying criminal offense. There are 28 disqualifying crimes under TSA Regulation (49 CFR Part 1542.209) that will disqualify you from receiving a SIDA access badge. Those crimes are:

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Forgery of certifications, false marking of aircraft, and other aircraft registration violation</li> <li>2. Interference with air navigation</li> <li>3. Improper transportation of a hazardous material</li> <li>4. Aircraft piracy</li> <li>5. Interference with flight crew members or flight attendants</li> <li>6. Commission of certain crimes aboard aircraft in flight</li> <li>7. Carrying a weapon or explosive aboard aircraft</li> <li>8. Conveying false information and threats</li> <li>9. Aircraft piracy outside the special aircraft jurisdiction of the United States</li> <li>10. Lighting violations involving transporting controlled substances</li> <li>11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements</li> <li>12. Destruction of an aircraft or aircraft facility</li> <li>13. Murder</li> <li>14. Assault with intent to murder</li> <li>15. Espionage</li> <li>16. Sedition</li> <li>17. Kidnapping or hostage taking</li> <li>18. Treason</li> </ol> | <ol style="list-style-type: none"> <li>19. Rape or aggravated sexual abuse</li> <li>20. Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon</li> <li>21. Extortion</li> <li>22. Armed or felony unarmed robbery</li> <li>23. Distribution of, or intent to distribute, a controlled substance</li> <li>24. Felony arson</li> <li>25. Felony involving a threat</li> <li>26. Felony involving:               <ol style="list-style-type: none"> <li>A. Willful destruction of property</li> <li>B. Importation or manufacture of a controlled substance</li> <li>C. Burglary</li> <li>D. Theft</li> <li>E. Dishonesty, fraud, or misrepresentation</li> <li>F. Possession or distribution of stolen property</li> <li>G. Aggravated assault</li> <li>H. Bribery</li> <li>I. Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year</li> </ol> </li> <li>27. Violence at international airports</li> <li>28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph</li> </ol> |
|---|---|

By my signature I certify that I do not have a disqualifying criminal offense and I do consent to an electronic fingerprint CHRC. I understand my obligation to disclose to the airport operator within 24 hours if convicted of any disqualifying criminal offense that occurs while having unescorted access authority; 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).

**Printed Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_